

# **TENSIONS AND CONFESSIONS: WHY I CAN'T HATE DR. PHIL**

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## ABSTRACT

### Tensions and Confessions: Why I Can't Hate Dr. Phil

Jeny Nussey

This thesis explores the tensions and contradictions between self-help, psychology and popular culture through a case study of daytime TV talk show host and self-styled “life coach” Phillip C. McGraw. “Dr. Phil,” as he is familiarly known, exists at the nexus of popular, self-help and therapeutic cultures. In addition to hosting a television show, Dr. Phil has published several self-help books and makes live appearances across North America as a motivational speaker.

*Dr. Phil* is the second highest rated daytime television talk show, right behind *Oprah*. Yet it combines two forms of media that suffer both academic and popular censure. How does Dr. Phil maintain popularity, authority and credibility? It is not only *what* Dr. Phil offers, but *how* he offers it that makes the show powerful. An important question to ask of these genre tensions and talk show confessions is: What, if any, kind of therapy is Dr. Phil offering? The well-established form of the daytime talk show becomes a vehicle for Dr. Phil's therapeutic discourse. This particular discourse melds self-help and behavioural therapy into the Dr. Phil brand of D.I.Y. therapy. In particular, he focuses on teaching people how to improve day-to-day communication with themselves and one another.

This thesis aims to better understand Phil McGraw's communication tactics; to explore his show's deployment of conflicting discourses and genres to create a new genre that tries to have a conscience; and to reinforce the importance of studying elements of pop culture that are often neglected because they are “feminine” or “touchy-feely.”

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“We are all learning to live in the freakshow, it is our new public space.”

-Jon Dovey

“Because we are human, these communities tend to become rigid. They stop evolving, revolving, which is essential to their life, as is the revolution of the earth about the sun essential to the life of our planet, our full family and basic establishment. Hence, we must constantly be in a state of revolution or we die. But revolution does not mean that the Earth flings away from the sun into structureless chaos.”

-Madeleine L'Engle

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## CHAPTER 1: INTRODUCTION

### THE ART OF PUBLIC CONFESSION

Stories are an integral part of being human. Or are they? Anthropologists and narratologists such as Roland Barthes argue that storytelling is indeed co-requisite with all human existence. Others would argue the contrary. For instance, in his *Illuminations* Walter Benjamin laments the decline of storytelling in western cultures:

[T]he art of storytelling is coming to an end. Less and less frequently do we encounter people with the ability to tell a tale properly. More and more often there is embarrassment all around when the wish to hear a story is expressed. It is as if something that seemed inalienable to us, the securest among our possessions, were taken from us: the ability to exchange experiences (Benjamin, 1968: 83).

In this quote from “The Storyteller” Benjamin is speaking specifically of the art of storytelling. But in his understanding of “the art,” he comprehends the idea that stories are a mode of sharing experience. Benjamin also suggests that storytelling is being relegated into the realm of taboo, or at least that it is being shamed out of common usage; perhaps stories are not so universal after all and are only acceptable in certain times and spaces. This extract taps feelings relevant to a dominant type of contemporary narrative: the confession. The storytelling I will be discussing is not necessarily what he would call “storytelling,” but will concern that aspect of storytelling that is “the ability to exchange experiences.”

In her more recent writing on narrative and narratology Teresa de Lauretis directly challenges the understanding that narrative as we know it is natural and inevitable. She feels that we must examine

the semiotic postulate that narrative is trans-cultural and trans-historical, that it 'is simply there like life itself,' as Barthes so elegantly put it: which also makes necessary, of course, the examination of the

critical discourses and their quest for knowledge, their Oedipal or anti-Oedipal logic (de Lauretis, 126: 1994).

Her goal is to re-assess narrative in terms of the power of desire, specifically male desire, and in the process she draws out how this reflects and shapes patriarchal societies. De Lauretis' work is an example of how concern with story structure can be extended into narrativity: the examination of social and cultural norms.

I cite these thinkers for several reasons: they both foreground the idea that storytelling is a social phenomenon; they both approach stories as a mode of sharing experience; and they both present storytelling as a potentially powerful social act. By telling stories, the private can be aired in public and vice-versa. Stories can mark an assertion or breach of hegemonic power. The de Lauretis quote expresses the idea that stories have structures unto themselves but are also built on the societies or cultures which generate them and serve a very specific purpose—for her, the purpose served is male desire. Taking a cue from de Lauretis and existing analyses of television, this thesis will attempt to discuss stories told on television talk shows, keeping in mind structures and balances of power. Benjamin's idea of the story as a unique form of sharing experience and teaching is also key because, too often, the publicly transmitted story describing personal experience (such as a talk show 'confession') is regarded as inappropriately personal and devoid of any value beyond that of entertainment.

Perhaps Benjamin would not have seen the talk show narrative as an art. However, I will argue that it is a highly stylized, cooperative and pedagogical way of sharing personal experiences. And Phillip C. McGraw, popularly known as Dr. Phil, is a contemporary master of this form. His one-hour eponymous talk show, *Dr. Phil*, airs every Monday to Friday in syndication. This thesis examines tensions and confessions

related to the Dr. Phil phenomenon in the context of daytime television talk shows, self-help culture and therapeutic discourse. As a television genre which is structured around telling stories and sharing experiences, this thesis will examine the tensions and confessions conveyed in Dr. Phil's oeuvre, self-help culture and therapeutic discourse as they relate to the *Dr. Phil* show.

#### IS NEUTRALITY THE PRICE OF SUCCESS?: DR. PHIL AS A SECULAR EVANGELIST

Although the advice show is not new, *Dr. Phil* occupies a unique position in this talk show sub-genre. Its singularity is partly due to the host's unique characteristics and the ways in which they fit, or do not fit, with daytime talk show conventions. For instance, the show works to preserve the image of the traditional, objective expert. The show also attempts to redefine the oft criticized cultural roles of self-help, experts and the talk show. *Dr. Phil* puts stress on and then diffuses tensions between tendencies toward the public or the private, self or other, and high or low cultural values. The push and pull debates between these three sets of tensions are focussed together by the *Dr. Phil* show, which may be the most diplomatic talk show of all time.

Before continuing, I would like to clarify my use of the term "tension." It is based on the following quote from Wendy Simonds *Women and Self-Help Culture*: "The atmosphere on 'Late Night' shares with 'Donahue' a reliance on tension. The test on 'Late Night' is for guests to receive laughter and not to let Dave get away with too many jokes at their expense; the test on 'Donahue' is to gain the support and avoid the wrath of the audience" (Simonds, 1992: 221-221). These tensions are tug-of-wars between contradictory events or ideas that nobody definitively seems to win. And *Dr. Phil* plays with a different set of them than did *Donahue*. Dr. Phil takes on more personal issues,

like those which deal with defining a self.

The creative manipulation of sets of tensions on *Dr. Phil* often gives an overall impression of the show as being ideologically neutral or harmless. This is not simply due to the fact that the audience is overwhelmed by the multitude of tensions and contradictions. Rather, there is a skilful negotiation of our cultural understanding of tensions that seems to diffuse them. This is a necessity for *Dr. Phil*'s success, as the host is trying to sell viewers multiple personas—the everyman ex-jock, the professional clinical psychologist, and the strong-arm smartass—while living down the reputation of the self-interested self-help guru who wishes to sell books regardless of whether or not they are actually useful to people. Neutrality is not necessarily a result of the combination of Phil's personas, but they help sell him to a broader audience. Dr. Phil comes across as believably self-interested yet also genuinely interested in the well-being of his guests, audience, and fans. This believable moral or ideological middle ground is a new feature of shows in a genre that is famous for its no-holds-barred discussions of taboo topics, cultivation of on-air conflict, and other ethically borderline practices.

*Dr. Phil* is a success because it attempts to resolve tensions in the talk show genre itself. Phil McGraw brings his unique persona and neutered ideology to force on the fluid boundaries of the television talk show. The specific set of tensions Dr. Phil plays with can be found in moral, ethical and social criticisms of self-help and daytime TV talk. A little like self-help culture, talk shows are condemned for being so focussed on the bottom line that they disregard everything else. If guests who physically attack one another get good ratings, talk shows are eager to deliver such spectacles. Daytime television suffers under more close scrutiny than self-help though. Talk shows are seen

by millions of people in North America every day. The necessities of garnering advertising revenues and appealing to daytime television audiences also put more pressure on talk shows to formulate content that will interest the largest number of viewers possible. These shows are also limited in what they can present by the medium of television and its production conventions. In addition, because talk shows are seen by so many people, their content may serve as a vehicle for advertising anything that can be construed as relevant to a show's theme.

*Dr. Phil* tries to redefine tensions surrounding public expectations of experts generally, and clinical psychologists specifically, by playing his role as the professional expert and self-help author *against* his role as talk show host. Although the roles of expert and talk show host are similar in more ways than one, Dr. Phil McGraw tends to play these roles separately whenever possible. The objective expert works best when kept separate from the talk show host who operates on the more dramatic level of affect. And yet, Dr. Phil creates drama by being an expert who is not afraid to get belligerent with guests, to prod them and question the decisions that have made them who they are.

As a whole, the show does not highlight McGraw's credentials too much, nor does it let viewers forget that he has them. Indeed, this would be anathema to the image he cultivates as a knowledgeable but straight-shooting practical communicator. At the same time, producers and host find ways to remind their audience that they are getting accredited, experienced advice. He is, after all, always addressed as "doctor." He has written a number of bestselling books. Plus, his four years of appearing on *Oprah* as an expert guest went far to legitimate his expert credibility. Dr. Phil is a qualified expert. But as important, if not more important, is that Dr. Phil is a secular evangelist who spreads

the gospel of therapy and national mental health.

### SELF-HELP AND THERAPEUTIC CULTURES

Criticisms of talk shows are plentiful. Criticisms of self-help are tried and true. Criticisms of *Oprah's* recent talk show spin-off of, *Dr. Phil*—especially criticisms by his professional peers—are mixed (Chianello, July 2004). Since the first half of the twentieth century, people have been criticising self-help texts as both symptom and cause of social and cultural breakdown. Instead of seeking mental or moral support in person from friends, relatives or authority figures, or even from patient experience, self-help culture encourages us to perfect or heal ourselves in (physical) isolation: a possibly destructive individualism. Charles Taylor, author of the *Malaise of Modernity* elaborates, “This individualism involves a centring on the self and a concomitant shutting out, or even unawareness, of the greater issues or concerns that transcend the self, be they religious, political, historical” (Taylor, 1991: 14). Self-help has been vilified for commodifying what was once a personal, human interaction and for supporting a “culture of narcissism.”<sup>1</sup> Since the popularization of radio and then television, the talk show has taken on some of these cultural burdens of self-help while avoiding others.

According to Wendy Simonds, the self-help genre is born of our understanding the world (in Western culture, at least) as something that is broken, and needs to be repaired. “Lack of direction, lack of commitment, and lack of community prevail, instigating introspection and self-involvement on a grand scale” (Simonds, 1992: 52). More recently, Rachel Naomi Remen expressed a similar dissatisfaction with Western culture in the introduction to her book *Kitchen Table Wisdom*:

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<sup>1</sup> See, *The Culture of Narcissism: American Life in an age of diminishing expectations* (1978) by Christopher Lasch, and *The Queen of America Goes to Washington City* (1997) by Lauren Berlant.



When we haven't the time to listen to each other's stories we seek out experts to tell us how to live. The less time we spend together at the kitchen table, the more how-to books appear in the stores and on bookshelves. [...] We have become solitary; readers and watchers rather than sharers and participants (Remen, 1996: xxvii).

In this intriguing twist, an inspirational branch of self-help proposes to cure us of the ills manufactured by self-help culture. Moreover, Remen proposes that personal stories shared around the "kitchen table" are an integral part of the solution. This statement speaks for an entire sub-genre of self-help books which aim at self-improvement via the telling of healing stories and the sharing of personal experience. In these books self-help has become self-referential, and finds itself not only trying to correct for problems in contemporary society, but also correcting for itself and for its own reputation as a genre or body of "quack" pseudo-psychological literature. And it is not clinical data or tests that are the source of the information that will heal us: it is the shared story of one person.

Working with a similar premise to sharing experience around the kitchen table, Oprah Winfrey revamped her own daytime talk show in the mid-1990s. She offered a less conflict-driven, more healing-centred variety of what Jane Shattuc has dubbed television's "talking cure." She kept her show going by reconciling a sensationally emotional interview style with a more therapeutic turn in content. Following the trend started by a latter-day *Oprah*, *The Dr. Phil Show* sets itself apart from trashy talk shows that focus on parading unruly spectacles across the screen episode after episode. Make no mistake: this new show still trades on people's emotional and personal difficulties. But the conflict is not so rampant. Perhaps this is because the expert credentials of the host give this highly subjective, dramatic genre an injection of sober objectivity?

## **THE THERAPEUTIC ART OF MASS MEDIATED CONFESSION**

### **Defining Self-Help and Therapeutic Discourse**

Self-help texts—be they books, TV talk shows, radio talk or phone-in shows, or audio tapes—are the mass communication of advice (here I am borrowing from Wendy Simonds). The implication is one of piecing together a self that is broken, a self that is unwell. Any critical analysis of such texts should involve a consideration of several concepts, especially that of the mass media and of the self in modernity (as examined by thinkers such as Michel Foucault and Charles Taylor). An individual may appeal to the self-help section in their library or bookstore because they feel the need to enrich themselves, or switch on *Dr. Phil* or *Oprah* for advice, inspiration or basic coping skills when faced with some personal crisis.

In much of the academic literature, analyses of self-help concentrate on books or sometimes on group therapies. My definition is broader than this. In order to include tendencies in T.V. and radio talk shows, as well as in inspirational tapes and videos, I will use the broader term “self-help culture.”

This self-help culture necessarily crosses over with therapy and therapeutic culture. Self-help has certainly been one vehicle for the cultivation and mass distribution of therapy and therapeutic ideas. In a way, each is a part of the other. Loosely defined, therapeutic discourse can involve any use or discussion of therapy. The notion of therapy and the accompanying jargon have permeated Western culture, entering into everyday parlance, creating a therapeutic culture (Moskowitz, 2001). Mimi White understands therapeutic discourse as a way for individuals to identify with a variety of social roles (White, 1992 and 2002). White’s work on therapeutic discourse focuses specifically on television and I will use her more specific definition in the chapters that follow.

#### CENTRAL QUESTION: THE CULTURE OF THERAPY

It seems counterintuitive to conclude that self-help culture tells us that we are not whole, that we are emotionally or developmentally incomplete, when many of its products enjoy a massive audience.<sup>2</sup> On the other hand, the popularity of talk shows is easier to explain, as these shows tend to make examples of their guests and teach lessons (social or psychological) while viewers can congratulate themselves for not being in the (often) hopeless position of talk show guests (Shattuc, 1997; Grindstaff, 2002). In her case study of Oprah, Eva Illouz contends that Winfrey martial her charismatic and monetary powers to turn culture into therapy (Illouz, 2003: 240). In terms of therapeutic discourse and cultures of self-help, is Dr. Phil doing the same thing? I don't think so. In fact, I would ask the opposite question of Dr. Phil: How does Dr. Phil turn therapy into culture? Phil McGraw is building on therapy and self-improvement inspired talk show trends set by Oprah, while adding elements of his own. Thus, the question at the centre of this thesis is: What exactly is Dr. Phil's brand of therapeutic discourse?

In order to paint a clear picture of my argument, I will first endeavour to answer some preliminary questions. For starters, where did *Dr. Phil* come from? Is it a talk show or a self-help show or therapy? How does Dr. Phil perform the role of the talk show host? How does he manage the stigma of being a self-help guru? Some other tangential questions I hope to begin to answer include: What does the popularity of sharing personal stories as pedagogical experience do to the authority of so-called experts? Might the generally renewed thirst for storytelling in self-help cultures make new inroads for changes in the knowledge-power balance in much-criticised popular texts such as the daytime television talk show?

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<sup>2</sup> For example, as of June 1999, John Gray's *Men are from Mars, Women are from Venus* had sold over 7 million copies. (Cowlshaw, 2001).

## EXISTING LITERATURE ON TALK SHOWS AND SELF-HELP

Most people, if asked, could probably name at least one self-help book, or show, or expert. But how many would admit to being a devotee to any of these texts? Relatively few, in my experience. Why are we ashamed to keep self-help books on the shelves in our living rooms where other people will see them? The stigmas attached to such materials are manifold. The often mercenary motives of producers of self-help culture are often, justifiably, questioned. There is also a gendered component to self-help culture which shares some of the stigmas attached to romance reading famously studied by Janice Radway. Simultaneously, there are taboos attached to topics not sanctioned for discussion in public forums, and rules about the types of topics worthy of 'serious' consideration and discussion.

Rightly or wrongly then, self-help books and talk shows are often questioned and often dismissed as entertainment or a cheap version of pseudo-therapeutic quackery. Nevertheless, there has been a fair amount written on self-help and television talk shows separately and together. The two seem to naturally intersect in every study, to varying degrees. Many studies examine gender and self-help culture, such as Wendy Simonds' analysis of women reading self-help books or Kylie Murphy's article examining whether or not the work of prolific self-help author John Gray speaks to feminism. There are also several academic books and essays which approach specific kinds of self-help from both broad cultural and more narrow narrative perspectives. For instance, the journal *Family Relations*, geared toward a readership of therapists, has published several articles on self-help. One in particular provides an extensive text-based analysis of 10 popular self-help books about relationships. Among the conclusions drawn in the article is that "The four

most popular books [all written by John Gray] were the most disempowering” (Zimmerman, et al. 2001). Many other studies have been conducted which come to similar conclusions (see for example Cowlshaw, 2001), whether through analyses of books or other aspects of cultures of self-help.

Other studies of what I am calling “self-help cultures” try to draw attention to the discursive and narratological structures which govern what is said and not said. Take for example Alcott and Gray’s essay on “Survivor Discourses” which discusses the advantages and disadvantages of women survivors of physical and sexual violence telling their stories in public arenas such as talk shows. Elayne Rapping (2000) and Janice Peck (1995), among others, have also published studies about therapeutic discourse on TV talk shows. Mimi White has written a book on therapeutic discourse in television which does not discuss talk shows per se, partly because their example seems too analytically obvious for her purposes. *Tele-Advising* (White, 1992) takes looks at a variety of television genres and uses several shows from each genre to illustrate White’s theories of therapeutic discourse. More recently she has written a theoretical essay on therapeutic discourse and advice-oriented television talk shows as “reality” television. Much of this also integrates a gender-oriented analysis, as women are understood to be the primary consumers of both daytime television and self-help products.<sup>3</sup>

For instance, Wendy Simonds’ study on *Women and Self-Help Culture* (1992) is primarily based upon interviews she conducted with women readers of various self-help genres in order to find out how they actually used self-help books. But she also uses other

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<sup>3</sup> This is a broad generalization and often a false one in the case of daytime television and daytime TV talk shows, which still persists partly because it is difficult to gather numbers on who actually reads self-help books, etc. due to the feminine cultural stigma attached to such texts (Papazian, 199: 2002; Grindstaff, 62: 2002)

methodological approaches in her discussion in a later paper and uncovers some interesting contradictions.

My analysis of self-help books reveals a central contradiction in the formulation of selfhood authors advance: Essentialist conceptions of 'core'—real, true and highly individualistic—selves are portrayed as realized through a construction process based on instruction by therapeutic experts, hard work and interactive expression (Simonds, 1996: 16).

Simonds' knowledge of self-help books and their readers lets her draw out what she feels is a key contradiction in their stories. A self is an island, yet no self is an island. I'm not positive that this contradiction necessarily causes a problem, nor is she. Still, I am far from complacent about such contradictions (on the basis that they are the natural result of living in a post-modern culture, etc) and feel that these are the places that offer the richest insight into self-help and related therapeutic cultures, including the talk show.

There have also been several large scale audience studies conducted with talk show viewers. In book form, most of these studies focus on qualitative rather than quantitative data, perhaps because the theoretical perspectives of most of these authors require information of audiences' subjective judgments, and simply quoting numbers becomes more complicated than unpacking individual interviews. Some key thinkers here are Sonia Livingstone and Peter Lunt who conducted their research on British audiences who watched British and U.S. "audience participation shows," and concentrated more on quantitative data than most. They take, overall, a positive view of the public sphere potential of talk shows that encourage audience participation and address issues of political and community import. Julie Engel Manga has also written a book about trash talk shows that incorporates interviews with a sample of daytime talk show viewers. Manga questions taken-for-granted values and definitions of criteria used to evaluate talk, such as legitimacy and productivity. She concludes that to be fair, critics ought to

consider talk shows for their “uselessness” (Manga, 2003). Jane Shattuc’s *The Talking Cure* (1997) is perhaps the most often cited U.S. study that incorporates interviews with talk show viewers. The audience study only forms part of her analysis, of how women and femininity are constructed as viewers of and participants in daytime talk shows, particularly *The Oprah Winfrey Show*, by various social and industry discourses.

Other sociological and cultural theory-based work on television talk shows abounds. Vicki Abt and Leonard Mustazza weigh in with a moral polemic against television talk shows. Another area of much interest approaches television talk shows in terms of public spheres of discussion. This is a way of approaching the issue of talk shows’ social value. Livingstone and Lunt evaluate where audience discussion shows stand in relation to Habermas’ “public sphere.” They conclude that this sub-genre of the talk show may have the potential to serve a constructive role as a forum for public debate. Kathleen Lowney scrutinises the role of television talk shows in the recovery movement popularized during the 1980s and which is still alive and well today. Laura Grindstaff’s *The Money Shot* (2002) is unique in that it approaches the talk show from the inside out, focussing on the author’s experience as an intern with two different talk shows and her interviews with production staff, audience members and guests. She concludes that at times, criticisms like “trashy” or class-based criticisms are smokescreens, and that like any other aspect of popular culture, the TV talk show has both positive and negative social aspects. Grindstaff concludes, “What is interesting about the daytime talk shows is that they do afford a certain kind of political engagement with the world, but on popular rather than elite terms” (Grindstaff, 2002: 272).

On average, the talk show that seems to get the most attention is *Oprah*. Both Eva Illouz and Sherryl Wilson have recently written about the Oprah Winfrey phenomenon from feminist, social and cultural perspectives. Both explore the persona, performance and power of Oprah. Wilson asks, “what models of self are represented on *Oprah*, and what kinds of cultural practices give rise to it?” (Wilson, 2003: 5). Eva Illouz is less interested in representations of the self, and more interested in the relationships between Oprah, morality, therapy and society. Exploring Oprah’s “moral enterprise” as one of her axes of inquiry into the talk show’s popularity makes Illouz’ work a unique contribution to the myriad of articles and books written about Oprah.

What I will attempt to do with Dr. Phil is somewhat similar. I will examine Dr. Phil’s “therapeutic enterprise” via the tensions and confessions manifested in his daytime television talk show. This will also involve an investigation of the narratives circulating on the show: those of guests, of the host and those generally concerning the show’s themes, content and production. Talk shows are notorious for creating internal tensions and contradictions, and Dr. Phil is no exception. The questions and answers provided to excite and calm these tensions should serve as clues to the relationship between therapy, therapeutic discourse, self-help and the self on *Dr. Phil*. Within these tensions and narrative confessions, I hope to expose some of the mechanisms underlying Dr. Phil’s unique brand of therapy.

## METHODOLOGY

This thesis is a case study of Dr. Phil McGraw, his show, and to a lesser degree his empire. In answering my central research question, I will employ a partly theoretical approach but anchor it in background research and close viewing of a handful of *Dr. Phil*



episodes, as well as in anecdotal information culled from more casual viewings of *Dr. Phil* and other daytime television talk shows. By casting a critical eye on Dr. Phil, I hope to generate some understanding of the structures of professionalism, televisual and therapeutic discourses, and the competitive market within which he works, as well as to elucidate some of his highly effective communication techniques. My study will not so much concentrate on *what* Dr. Phil McGraw does—although some exploration of his oeuvre is inevitable—but on *how* he does it while maintaining such a firm foothold in mainstream popular culture.

My choice of Dr. Phil as a case study is based on my impressions of his work and popularity. He has a successful TV talk show and is omnipresent in North American media. But how does this type of no-nonsense, psychology-based talk show associate with self-help culture? I'm hoping that my analysis will help clarify why I include talk shows in my definition of self-help (and self-help in my discussion of talk show content), along with elucidating how the show may or may not serve as a "technology of gender" (to borrow a handy term from Teresa de Lauretis). All of this will be with a view to explore how gender, narrative and authority work in McGraw's stories and the stories he elicits from other people.

#### **THEORETICAL FRAMEWORK: MORALS, POLITICS AND TELEVISION**

The theoretical framework for my thoughts will draw from several areas. Existing studies on self-help and talk shows explore who their audiences are, how audiences use various aspects of these cultural texts and how helpful the information provided might be. While this is important and interesting work, it is my hope to look more at the discourse

of therapy within talk shows as self-help culture and to move from there toward wider social and cultural questions about authority, constructions of the self and identity.

Inspired by Linda Alcoff and Laura Gray's research on survivor discourses, my investigation of self-help and talk show narrative will take cues from Foucauldian discourse analysis, exploring the relationship between a dominant discourse, those speakers who use it, and its subjects within the context of the daytime television talk show. One of the advantages of using this approach will be to understand ways in which cultural and social subjects are synthesized and to problematize the dynamics of power within the particular text of *Dr. Phil*. For instance, Alcoff and Gray note that, "Given Foucault's analysis, although confessional modes of discourse may appear to grant survivors an empowering 'permission to speak,' they give the expert mediator the power to determine the legitimacy of survivor discourse" (Alcoff & Gray, 1993: 271). Although survivor discourse is fighting against a much stronger social taboo than most self-help discourses, there are still interesting questions to ask about experts, guests and the identification of the sick or healthy self, and about the relation between the health of self and that of close others—family and friends. Judgments of daytime talk often express concerns over whether guests and/or audiences are being exploited or helped.

Elements of philosophies of the self and modernity also figure into my research on *Dr. Phil*, talk shows and therapeutic discourse. This includes Charles Taylor's thoughts on the modern self in modern society from *Malaise of Modernity* (1991), and touches on Michel Foucault's *History of Sexuality, Volume 1* as well as his *Technologies of the Self* (Martin et al, 1988). On subjectivity and television, I defer to the thoughts of Mimi White on therapeutic discourse. On the self and modern identity, I will refer to

Lauren Berlant's collection of essays on sex and citizenship, *The Queen of America Goes to Washington City* (1997).

At times it may make sense to examine therapeutic discourse through a narrative lens, with an eye on the way narratives in self-help are structured, as well as on how they are used pedagogically. I have been inspired by Teresa de Lauretis' concept of "technologies of gender" as well as her understanding of narrativity. Both she and Mimi White discuss the building of subjectivities via narrative: the former using film and the latter, television. De Lauretis' thinking lends itself to an understanding of talk shows as purveyors and shapers of personal confession because she suggests ways in which traditional structural narrative analysis can be tweaked to include new elements "The problem, I believe, is that many of the current formulations of narrative process fail to see that subjectivity is engaged in the cogs of narrative and indeed constituted in the relation of narrative, meaning, and desire" (de Lauretis, 1994: 106). The constitution of the subject is most evident, perhaps, in experiential storytelling. Storytelling is integral to the talk show and forming types of stories as well as subjectivities.

There are, naturally, limitations to a purely textual and cultural approach. Within the culture of self-help, there are several groups interacting with the text at various stages: the author, the publisher and market infrastructure, the production staff, and the reader. By focussing on an interpretation of texts themselves, secondary writings and cultural formations within the Dr. Phil cultural machine, each of these agents will be implicated in my study. But I have no intention of speaking for audiences, for their interpretation of the text or the meaning they derive from it. Although there are undoubtedly many things to be learned from audiences, there is also something to be

learned from a more discursive, text-oriented analysis of talk shows and self-help cultures and their construction.

#### **TOUCHY-FEELY STUFF: THERAPY, SHARING STORIES AND DR. PHIL**

In spite of the fact that they imply their owner feels inadequate and has possession of a less-than-OK self, self-help culture still appeals to large sections of the general public (often women), to the tendency in human nature which seeks perfection and is never satisfied (possibly magnified by consumer culture as noted in Shattuc, 1997 and Simonds, 1992). But even if this is the case, there can be more to self-help culture than an uncritical, narcissistic desire to change, to feel good, or the individual drive toward an isolated über-self.

As is often the case with media research, there is an underlying motivation here that perhaps a better understanding of self-help, talk shows and their therapeutic framing of the personal could lead to change, and could help remove the stigma held against the touchy-feely stuff in our larger culture as well as the general distaste for the social misfit. Consequently, there could be room for change and challenge to normalcy not only at the micro level of the content of self-help narratives, but also at the macro level of social structures. I admit that I am partly inspired by Foucault and others with a mildly optimistic outlook on textual analysis, "What counts in the things said by men [sic.] is not so much what they may have thought or the extent to which these things represent their thoughts, as that which systematizes them from the outset, thus making them thereafter endlessly accessible to new discourses and open to the task of transforming them" (Foucault, 1973: xix). Can understanding Dr. Phil help to elucidate the workings of the systems that buttress any of these issues?

In the next few chapters I will examine three master sets of tensions that I have drawn from my analyses of *Dr. Phil*: the tensions it elicits within the culture of self-help, tensions between entertaining and helping, and tensions between self and family in the realm of self-help. But before beginning this tour of the *Dr. Phil* show, I will use the next chapter to attempt to sketch the historical context that has given rise to the three sets of systems upon whose tensions the show is built.

## CHAPTER 2

### WHERE DID DR. PHIL COME FROM? THE BIRTH OF SELF-IMPROVEMENT AND ITS BONDS WITH THERAPEUTIC DISCOURSE

So many personal problems in Western societies are now comprehended under the term ‘disorder,’ that the culture of therapy has grown to meet the demand for healing (Moskowitz, 2001). Dr. Phil is one of the products of this growth. Although the ideas of self-improvement and therapy have undergone many transformations in the last two centuries, not all of these changes have been predictable and in many ways, Dr. Phil keeps with their tradition. In her book *In Therapy We Trust*, Eva Moskowitz details the growth and spread of what she calls the “therapeutic gospel.” This therapeutic gospel evangelizes more and more people and institutions, systematically spreading the desire to be healed. The contemporary gospel, according to Moskowitz, has three central tenets. The first tenet, is that “happiness should be our supreme goal”; the second, that “our problems stem from psychological causes”; and the third, is that these psychological problems are treatable and it is our duty to seek help to solve them (Moskowitz, 2001: 2-3). Watching *Dr. Phil* might answer to all of these tenets but at the same time as Phillip C. McGraw would agree that these are all important goals, he would object to being lumped into the category of therapeutic or self-help culture along with every other self-help guru because what he is trying to do is a little different.

Moskowitz’s study of the spread of therapeutic ideas can perhaps be considered a symptom of what philosopher Charles Taylor labels “the malaise of modernity” (Taylor, 1991). This malaise “manifests itself primarily in a ‘centring on the self, which both flattens and narrows our lives, makes them poorer in meaning, and less concerned with

others or society” (Baker, 2003 quoting Charles Taylor). The therapeutic gospel promises to lift believers out of this malaise while the gospel may be partly to what fuels it. This malaise is also perpetuated in what Mimi White calls “therapeutic discourse.” Her understanding of therapeutic discourse includes the following: “Therapeutic discourse involves negotiating and working through social subjectivity and does not necessarily involve achieving a specific transformation or effecting a ‘cure’” (White, 2002: 313). So, therapeutic discourse may be about exploring the place of the self in society but it does not have to involve a cure, *per se*. However, therapeutic discourse often offers an implied cure or an implied transformation that may or may not come about.

Both *Malaise of Modernity* and *In Therapy We Trust* attempt to describe aspects of therapeutic discourse while also contributing to it in an academic way. Much of modern culture is concerned obliquely with the self, while direct advice about what a self should be is reserved for niches such as self-help books, talk shows, and private therapy or counselling. But who defines what a self is? Our situation in a market-centred modern world seems to limit our options. Charles Taylor argues that we have gotten too involved in the process of finding our “authentic” selves—an idea inextricably bound up in the “industrial-technological bureaucratic society” in which we live (Taylor, 1991: 59). How did so much of North American culture arrive at this place where people are choosing between the adoption of a therapeutic gospel or accepting a general malaise with no real expectation of any ‘cure?’ A talk show such as *Dr. Phil*, while being one specific response to these trends is, arguably, also their purveyor. At least this is true in the sense that he is teaching people practical skills to solve their personal and family problems—although these are skills for self-improvement and not so much for exploration of the

inner self. Dr. Phil's formula for helping people is one of movement and action. Sometimes the self is at the centre, and sometimes the significant others are at the centre.

"Get real. Get smart. Get going." These are the no-nonsense sentiments adorning the top of Dr. Phil McGraw's Web page, accompanied by an unsmiling image of the mostly bald Texan. This slogan epitomizes the tell-it-like-it-is formula that characterizes Dr. Phil's self-help books and T.V. talk show. McGraw has managed to translate part of his image into catch-phrases, most of which come from his books and are then quoted as gospel on his talk show. Several of the "10 Life Laws" published in his first book, *Life Strategies*, are oft quoted and evidence his training in cognitive behavioural psychology. Take life law number ten; "You have to name it before you can claim it" and number six; "There is no reality, only perception" or a particular favourite on *Dr. Phil*, life law number one; "You either get it, or you don't" (McGraw, 1999). All of these still reflect, I believe, the six words that begin this paragraph and epitomize Phil's approach to therapy and helping. They propose a plan of action and change that begins with an individual re-assessing their perception of their own problems and their relationships with the other people in their lives.

The goal of this chapter is to interrogate cultural currents feeding into contemporary self-help cultures. What has been the relationship between maintaining or improving the self and the individual's relationship to the larger society in a culture that has developed with a single-minded focus on the individual? This question merits exploration because of prevalent criticisms of cultures of therapy and of self-help culture specifically: that they cultivate narcissistic individuals who cannot, or do not, trouble themselves with others (Berlant, 1997; Simonds, 1992). This is the point of view from



which several histories of psychological medicine are frequently approached (for examples, see Ehrenreich and English, 1979; Moskowitz, 2001). This perspective is useful because it both places emphasis on the market-driven individualist culture in which we live and allows for analyses of relationships other than material ones. Thus the criticism that a preoccupation with selves is creating a society of narcissists figures large in my analysis of *Dr. Phil*.

The show is a clever combination of elements of therapeutic culture both past and present. In terms of content and modes of giving advice, it serves up a cocktail of professional expertise, popular wisdom, psychology, and self-help. Professional experts and self-help culture are two external cultural elements whose tensions past and present are combined, then recombined by this dynamic show to produce a superficial neutralizing effect. Drawing on their histories, in this chapter I will argue that *Dr. Phil* works to redefine the role of the expert, the role of self-help and the role of the talk show in contemporary culture (the first two being reworked within the third). One effect of this redefinition, and of other processes at work in *The Dr. Phil Show*, is that as a cultural text it serves as a touchstone for ever-changing narratives of self. At this point, the healthy “self” is defined less by the individual’s deep understanding of their inner life in isolation, and more by how an individual’s perceptions and actions affect the people (other selves) around them.

This work of redefinition is effected in several ways. The mechanisms that I hope to unpack in this chapter are those which inflame conflict between the public and the private, between popular culture and legitimate culture, and between the responsibilities an individual has to self and to society. By skilfully controlling the amount of stress put

on these tensions *Dr. Phil* manages, to a limited degree, to salvage the status of the expert class and to assuage some doubts about the self-help industry. The show responds to past criticisms of its genre and neutralizes negative judgments that might be levelled against it as a daytime TV talk show. Or, at the very least, criticism against experts and the self-help industry and movement are represented on the show in such a way that they can be interpreted as relatively innocuous (not too detrimental to society and not too useful) when compared to their generic forebears. Despite this seeming neutrality, on many levels *Dr. Phil* takes more risks than recent contemporary talk shows. While superficially *Dr. Phil* seems politically and morally ambivalent, I will argue that all the time tensions are merely masterfully contained, boiling just below the surface.

To best understand the interplay between these elements manifested in *The Dr. Phil Show* it is necessary to look back a century or two at their roots and trace how they meet and intertwine to dominate popular ways of thinking in North America. These roots grow from the mid-nineteenth century to the present. They include the development of the self-help industry and movement in the U.S., the evolution of the social and cultural roles of experts, and the subsequent expansion of therapeutic culture with the U.S.-produced television talk show genre.

I will make my argument in two movements. In the first, I will concern myself with the history of expertise and the culture of self-improvement, following them from 19<sup>th</sup> century Puritans to the television talk show born in the late 1960s. In the second movement, I will use the history of the talk show as an example of how expertise and therapeutic discourse are manifested and have paved the way for the particular philosophies of *Dr. Phil*.

## HOW EXPERTS AND SELF-IMPROVEMENT KEEP THE TELEVISION TALK SHOW ALIVE

From the mid-nineteenth century through to the present the concept of the self and maintaining one's self have gone through several fads and corresponding changes in terminology, all the while linked to experts and mental well-being. At times, the focus has been upon maintaining a good, moral/ethical self, maintaining a successful self (where success is measured by material goods or by popularity), or maintaining a healthy self and staying free of polluting mental pathogens. The concept of self and wellness—whether it is a question of a sick self or a self that can always use a little more improvement—has been subjected to the ministrations of laypeople and experts of all kinds over the last two centuries. The obsession with maintaining a healthy self is often categorized as a new religion (Starker, 1989; Moskowitz, 2001), while trendy psychobabblers have gone around in circles labelling unhealthy selves as de-pressed, re-pressed, o-ppressed and again de-pressed (Ehrenreich and English, 1979).

I will argue that self-help ideas and the use of professional experts as guests on daytime talk television, although now prolific, had to wait for the talk show to develop as a genre before they found their place within its dynamic framework. That is to say, that it wasn't an instant partnership. As the genre developed, although shows were all built from the same basic parts, it proved to be quite pliable. Within the generic structure there is still a lot of room for creativity. Also, as daytime television talk developed, pressures in the television industry exerted control over the shows' content and there was a clear shift away from political issues accompanied by the insertion of a self-help philosophy and supported by experts. Finally, self-help culture and dependence on experts entered partly on the coat-tails of therapeutic discourse because of their healing potential.

The idea of the expert in North American and Western culture is not a new one, and has had a long association with the practice of healing. The notion of experts dates back to Hippocrates who was one of the first to formally view medicine as a profession in Western culture (Haskell, 1984: x; Ehrenreich and English, 1979: 92). Since the development in North America of the industrial revolution, experts have been on a roller-coaster ride competing for credibility in the eyes of the general populous and for legitimacy in the eyes of those in power. Conversely, the notion of self-help is very particular to one geographical place, growing out of early Protestantism in the U.S. (Starker, 1989: 13). The tenets of self-improvement gained their hold on people's thinking beginning in the early to mid-eighteen hundreds as posited by Eva Moskowitz, with Phineas P. Quimby and his early version of the physician's "mind cure" introduced in 1859 with his book on the topic (Moskowitz, 2001: 10). And the basic premise of the mind cure—that talking can make you feel better—is still with us in every form of therapy, confession and counselling.

### **The History of Self-Help**

The history of self-help is much longer than the history of the talk show, but less complicated. Self-help must be, by definition, practical and useful.<sup>4</sup> And it has not always been allied with professional experts. Indeed, self-help is often an affordable alternative to paying for personalized expert advice. Part of this philosophy is reflected in the popularity of contemporary Do-It-Yourself cultures<sup>5</sup>. The specific set of concerns with health and mental health that characterize much of therapeutic and self-help culture have

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<sup>4</sup> Starker characterizes self-help thus: "It attempts to communicate in a lively, interesting, readable and simplified manner appropriate to a wide readership. It purports to be of immediate and practical use to the reader, offering instruction on some aspect of living" (Starker, 1989: 18).

<sup>5</sup> Thanks to Kim Sawchuk for drawing this my attention to this connection.

their beginnings in the industrial revolution. Reconfigurations in modes of production and manufacturing, advances in technology, and the rise in the U.S. of the entrepreneurial spirit made the political personal. The roots of self-help are in the secularization of religious books designed to instruct the faithful on good conduct in a changing, challenging world. Stephen Starker marks the beginning of this secularizing trend with the publishing of Benjamin Franklin's *The Way to Wealth* in 1757 (Starker, 1989: 14). One of the earliest examples of an actual self-identified self-help text is Samuel Smiles' *Self-Help, with Illustrations of Character, Conduct and Perseverance*, published in 1860.

Although self-help was overtly secular, it upheld the protestant ethic in tumultuous times of industrial revolution, during the breakdown of small, self-sufficient communities caused by migration to cities and industrial jobs. During the late 19<sup>th</sup> and early 20<sup>th</sup> centuries, people were looking for something to fill the void left by an absence of close-knit families and unquestioned religious faith. Thus emerged new competitors for people's souls (Starker, 1989: 20). The New Thought movement is one example of a quasi-religious movement with a large following, who published and read self-help-like materials. Their beliefs also spread to other popular literature of the time (Starker, 1989: 24). Medicine-based movements exercised some influence on proto-therapy and self-help as well. Physician Phineas P. Quimby's "spiritual science," his method of treating illness, mainly involved sitting down with a patient, talking and listening (Moskowitz, 2001:11). This popular legitimization of a "talking cure" also marks a shift in the types of treatment favoured by experts from a focus on the body, to a focus on the mind.

By the early 20<sup>th</sup> century, the mind cure had been eclipsed by therapy and psychoanalysis, while economic prosperity encouraged people to look inside themselves

for further enrichment (Starker, 1989: 43). From here onward, self-help took off. Early popular hits were Dale Carnegie's *How to Win Friends and Influence People*, originally published in 1937 and which by 1977 had sold an estimated 6.5 million copies (Starker, 1989: 63). Later books which are still considered classics of the genre are Dr. Spock's 1946 *Book of Baby and Child Care* (which by 1984 garnered estimated sales of 32 million copies according to Stephen Starker) and first published in 1966, Masters and Johnson's, *Human Sexual Response*. Few subjects were too taboo to be addressed in a self-help book. These seldom discussed topics were indeed what people needed to learn more about. And then came the 1970s, with their focus on self-exploration, begetting a plethora of therapies, such as Primal Scream Therapy and Regurgitation Therapy, to minister to both mind and body (Moskowitz, 2001: 218). The 1980s saw more mainstreaming of self-help as well as general concerns for mental health and well-being, partly because of the spread of the recovery movement, support groups and twelve-step programs (Moskowitz, 2001: 244).

In the last fifteen years, it seems that self-help has taken a sharp turn toward the inspirational while the rhetoric and ideas of recovery and 12-step programs such as Alcoholics Anonymous are still ubiquitous and often taken for granted. Some of the bestselling titles are books such as the *Chicken Soup for the Soul* series which boasts over 36 titles, 53 million copies in print and is translated into over 32 languages (Canfield, 1993), or James Redfield's novel *The Celestine Prophecy* (on the inspirational margins of self-help) which spent at least a year on the New York Times bestseller list. Currently, according to national Canadian bestseller lists there are no self-help books among the top 20 sellers (source: [www.macleans.ca](http://www.macleans.ca)). Although these books may not sell in huge

quantities, they still fill a variety of niches. Four of Dr. Phil's self-help books have been #1 bestsellers on the New York Times booklist (source: [www.DrPhil.com](http://www.DrPhil.com)). Every book store has a self-help section of some kind. And other aspects of self-help—such as those perpetuated by women's and men's magazines or television talk shows—are omnipresent.

### **Daytime Talk Show History**

The birth of the daytime television talk show<sup>6</sup> as we know it occurred with another Phil. The *Donahue* show first aired in Dayton, Ohio in 1967 (Timberg, 2002: 68; Heaton et al, 1995: 16). Phil Donahue made the jump from radio to television during the 1960s, hosting a popular “hot topic” radio show (Timberg, 2002: 68). At this early stage, *Donahue* was not a noted proponent of therapeutic or self-help culture. Nor did the show tend to feature credentialed experts. Indeed, *Donahue* is famous for putting regular people on stage and letting them tell their stories in front of a live studio audience, who then get to confront the guests with comments or questions. The stage, of all places, levelled celebrity and non-celebrity on the grounds that they are all made vulnerable by their confessions (Grindstaff, 2002: 53). The shows' topics were sometimes political, but as it developed they became more and more sensational—for example, in the 1990s Phil Donahue caught media attention by donning a skirt to host a show on transvestites (Timberg, 2002: 175). Eventually, expert guests were called in to give sound bites of information on whether or not certain behaviours were normal, or on solutions to problem behaviours. Phil Donahue held the popular monopoly over the daytime talk show, until

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<sup>6</sup> “Daytime television talk show” refers what is technically a sub-genre of talk television where there is an eponymous host, who interviews people on-stage in front of a live audience. These are not news or political analysis shows, but shows that usually concern themselves with everyday people and issues of a personal nature. Technically the daytime talk show can be considered a sub-genre of the talk show (Timberg, 2002).

the early 1980s brought Oprah Winfrey into the fray (Matleski, 1991: 17). As her show gathered steam, *Oprah* began to outdo *Donahue* in the ratings. The first daytime talk show was retired in 1996.

*Donahue* made many innovations in its early stages: the host made a point of discussing issues that were relevant to women. Bernard Timberg states: “Phil Donahue, however, was the first male host to speak effectively to this growing female audience, a male host who took the issues raised by the women’s movement seriously” (Timberg, 2002: 94). Debate was always generated by the everyday people on stage and the everyday people in the audience, mediated by the host, Phil Donahue. Famous early episodes include a woman who created a scandal by declaring her atheism on-air, and an audience member hopping up on stage during a commercial break to braid an on-stage guest’s hair (Timberg, 2002: 70).

In Canada, daytime talk on television never really escalated to the same heights of sensationalism as its counterparts in the U.S. Although there have been political talk shows, interview talk shows, titillating talk shows—in the 1990s the phone-in *Sex with Sue* or going back to the 1960s the more Dr. Phil-esque *People in Conflict*—and daytime talk shows with live audiences (*Dini Petty*), the changes in daytime talk trends have been less palpable here in Canada in the last two decades. Home-grown talk tends to be focussed on contemporary issues with a more impersonal style. True-to-genre talk shows are fewer in Canada, probably partly due to the fact that we can follow U.S. talk shows just as easily as Canadian ones. Canadian contemporaries of *Donahue*, *Oprah*, *Ricki* and the like include *Shirley* (1989-1995), *Dini Petty* (1989-2000), both created after shows like *Oprah* and *Geraldo* had proved consistently successful.



Once *Oprah* opened up the competition, it was only a short time before there were several competing talk shows on the map, each with their own charismatic host and their own variation of sensationalism and moralizing. *Oprah* cultivated her image as empathetic and understanding but not above cultivating conflict on-stage; *Geraldo* was famous for airing physical violence, and at least once, getting a broken nose from a guest; *Sally Jesse Raphael* fell somewhere in between these two on the continuum of gratuitous spectacle. The early and mid 1990s saw a boom in daytime hours of television talk, and a boom in sensational, ratings-grabbing content (Timberg, 2001: 148). Guests confessed to more and more outrageous behaviour, and audiences reacted with indifferent horror. One particularly eloquent set of critics sum up the sins of the “trash” brand of talk thus:

Although not as obvious as in the case of x-rated movies or some rap music, television talk shows represent a new pornography as they turn private affairs into public displays, make spectacles of people in order to sell commercial products, showcase deviance for our amusement, and ply a deceptive game under the guise of truth, not to mention the general exclusion of entirely normal, functional behaviour (Abt and Mustazza, 1997: 21).

In the above quote, the position against talk shows seems cut and dried. Abnormality and private affairs should not be made into spectacles for the profit of television executives. Some would argue that not all daytime talk shows are trash. It is wise to concede, however, that there is a degree of trash in all daytime talk shows. Indeed, some degree of trashiness is required in order to be a member of the genre. The key debate over trash television, is whether overall it does more harm or more good. On one hand, trashy talk can exploit guests and audiences in manipulations that serve the show’s owners. On the other, it can bring to a public forum and give a human face to issues that might not otherwise be publicly discussed such as sexuality, rape, abortion, and so forth.

Some view the sensationalist shows of the late 1980s to mid-1990s as the ultimate

low in cultural and moral conduct—discussing taboo issues only to reinforce that they are indeed taboo. Others view the public confessions of socially stigmatized individuals as potentially subversive and possibly transformative (Manga, 2003; Livingstone and Lunt, 1994).

The daytime talk market was eventually saturated with shows vying for the title of the most outrageous in order to garner the best share of the ratings (Timberg, 2001: 149). In the last ten years, the talk show has gradually been changing. The trashy and sensational Jenny Jones, Sally Jesse, the early Oprah, Geraldo, Ricki Lake etc. have disappeared or (with the exception of Jerry Springer who is still on the air, not much changed but no longer aired during daytime hours) have become kinder, gentler more socially responsible versions of their old selves. Between the harsh opinions of cultural critics and staleness of talk show spectacle, talk shows waned in popularity and in national syndication only *Springer* and *Oprah* have weathered this sea change. The daytime talk show has returned to its pre-*Donahue* roots<sup>7</sup>, where celebrities interview other celebrities (such as the *Sharon Osborne* show) and good-looking hosts sit on-stage conducting relatively innocuous interviews. Narratives have become less controversial, and interviews cover topics much less taboo. But in some cases experts are still called upon, and audiences are still treated to personal confessions in a public forum, framed by the rhetoric that viewers can learn something useful from others' experience. But in the beginning, concerns with healing the self and with using legitimate, accredited information were not paramount to the daytime TV talk show. How then, did self-help

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<sup>7</sup> Although *Donahue* marks the birth of the daytime talk show as we know it, other types of talk pre-dated it (Arlene Francis *Home*, is an example of a daytime show that aired in the mid-1950s catering to women who worked in the home and giving hints on household maintenance), including late-night talk shows and morning talk shows, all of which still exist (Timberg, 2002).

and professional experts insinuate themselves into this television genre?

#### THE SPECTACULAR UNION OF MARKETING, MEDIA, EXPERTS AND SELF-HELP

One generally accepted feature of the daytime talk show genre the flexibility within its formula (Livingstone and Lunt, 1994: 6-7). It has a few basic ingredients, and once you have these, you can do pretty much anything you like and still be a daytime television talk show. For instance, a talk show needs a likeable host, a stage upon which to seat invited (but usually unpaid) guests for interviews, a live studio audience, and it needs to air on TV between the hours of 9am and 6pm. This loose web of genre rules makes space for collaboration with self-help culture and experts. The rigid form and the fluidity of the talk show simultaneously complement and parallel aspects of self-help, while feeding on a cultural dependency on credentialed experts for support.

Although the talk show and self-help culture go about it in different ways, their business is to make examples of certain selves by telling stories about individuals which serve as object lessons. To these lessons are added the input of a usually credentialed expert. Although, more and more expertise is being defined by experience—as was the case with early ‘how to get rich through clean living’ pamphlets mentioned earlier—and not by institutional recognition alone. Both talk shows and self-help tend to use stories to model socially desirable or undesirable behaviours.<sup>8</sup> The talk show, however, offers a more dense text for interpretation, as it involves what can be—in spite of their being scripted—unpredictable interactions between so many different people with conflicting interests. Therapeutic and self-help culture tends to do this through expert editorializing, while talk shows do this through the way they frame certain issues, the way guests are

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<sup>8</sup> See for example for self-help, books by Norman Vincent Peale such as *The Power of Positive Thinking* or Thomas Harris' *I'm OK, You're OK*.

treated by host and audience, and by the bias of one expert's knowledge that a show brings to bear on a given issue. This framing occurs partly through the choices made as guests are screened and as taped shows are edited down to fit their one-hour time slot.

By this token, both self-help and talk shows suffer the criticism of being too dependent on affect and neglecting the rules of society, logic and science. Both also bear witness to the fact that sometimes, sharing a story or feeling like someone knows how you are feeling or has sympathy for your experience, can be uplifting and helpful. Take, for example, the following evaluation of self-help books from Stephen Starker:

Although most self-help books provide both information and technology, and these may be of value, there is rarely objective evidence that this is the case. On the other hand, the powerful inspirational message of the self-help book can, by itself, mobilize the healing forces of faith, hope, and courage, while moderating the potentially harmful effects of helplessness and despair" (Starker, 1989: 173).

The immeasurable power of inspiration is shared by the talk show and self-help culture, to different degrees. Dr. Phil might be considered inspirational on the level that he gives people with problems one more reason to try to make things better, to hold on a little longer. Both also share a pretence to conveying useful information—in the case of most talk shows I grant that this is a weak pretence, but one held up by the appearance of expert guests and the transmission of bits of community information such as emergency hotlines. Shows such as *Dr. Phil* are so bound up with self-help that they must give more than lip-service to transmitting information.

Also, to different degrees, both the talk show and self-help literature more easily make public a matter that might otherwise be kept private, as both seem to fall outside many institutional forms of control (Starker, 1989; Livingstone and Lunt, 1994). Granted, the subjects of self-help narratives in books can be anonymous, while there is no mistaking who we see on television. But self-help literature still publicly addresses, albeit

in a little-publicized way, the idea that issues such as cultivating healthy relationships or beating addictions, etc. need to be talked about somewhere in detail. Ultimately, talk shows are subject to the rules of broadcasting, but these are not terribly stringent. Indeed, many critics (including some government officials such as William Bennett) encouraged talk shows in the 1990s to police themselves, urging them to draw up and follow a code of conduct in order to preserve their cultural and moral integrity (Abt and Mustazza, 1997). While talk shows put the discussion of personal issues on screen for millions of people to see and hear, self-help books implicate many private discussions on a public scale. Self-help books about everything from depression to sex lives adorn shelves openly displayed in homes, libraries and bookstores.

Self-help and the television talk show also share a mental-centred form of analysis and propose a “cure” that is attached to a charismatic figure. This author, guru or host can be an accredited expert, a skilled interviewer, a charismatic individual, or any combination thereof. On the credentialed side of things, take for example the slew of self-help books on an array of subjects written by folks whose names are followed by “M.D.”s and “Ph.D.”s such as John Gray, Ph.D., author of the popular *Men are from Mars, Women are from Venus*. Or the radio and TV advice show hosts with similar credentials such as Dr. Ruth Westheimer. On the differently-credentialed side of things, take journalist turned talk show hosts like Phil Donahue or Oprah Winfrey, and actors turned hosts such as Ricki Lake or Ellen Degeneres.

This variety of expertise—legitimately credentialed co-existing with those whose knowledge comes from experience—is symptomatic of both self-help and talk shows’ love/hate relationship with credentialed experts. Indeed, this relationship is symptomatic

of one found in the larger North American culture. Women have had an on-again, off-again relationship with masculine expertise since “gentleman physicians” began to drive out their competition of community healers and midwives in Europe of the Middle Ages. Much later, after ostensibly breaking free of the monopoly of male experts, women turned to self-help literature in the 1970s in efforts to deal with newfound freedom that in turn only trapped them into a different cycle of dependence upon credentialed experts (Ehrenreich and English, 1979). Thus, women were looking for new avenues of getting helpful information on health and well-being, and experts were looking for ways to gain back legitimacy and public trust. The subjectivity of the daytime television talk show seemed to be just what the doctor *wouldn't* order.

The 1960s version of the talk show *Donahue* has been cited as both a symptom and cause of a cultural dissatisfaction with institutionalized expertise: “The show’s emphasis on more subjective knowing was more than the traditional relegation of women to talking about ‘feelings.’ It reflected a movement in this country as a whole toward a position of distrust concerning impersonal knowledge and authority” (Heaton and Wilson, 1995: 19). The fact that even trashy talk shows, with their specialization in the subjective, could not ultimately avoid recourse to legitimate, credentialed experts, speaks to the fact that they, like self-help culture, were not entirely motivated by dedication to the ideology of expertise. They were more likely driven by a perception of society’s moods and what the public was willing to buy.

So we now have a litany of similarities between the talk show and the culture of self-help. Yet often where they differ, the two still complement one another. What does self-help bring to the talk show and vice-versa? For starters, the talk show genre is fluid

and predatory, constantly searching for ways to recycle the same issues and keep them fresh in order to hold an audience's attention. This makes it easy for talk to adopt new cultural elements such as self-help. Fluidity is especially noticeable in subjects' mobility between roles, as Livingstone and Lunt discovered: "The genre ambivalences, moving in and out of the conventions of debate, romance and therapy, rearrange the relations between participants and the conventions change and so allow considerable flexibility for both programme and viewer" (Livingstone and Lunt, 1994: 68). Self-help appeals loosely to the talk show's dependence on therapy, and is a logical bedfellow. It also benefits from the consequent changeability of roles. Talk shows need experts to lend legitimacy to their programmes, and self-help authors need places to sell themselves and their books. Self-help experts help to contain the chaos of the audience discussion programme and the talk show, without forcing the talk show to sacrifice much in the way of time given to its topic or theme of choice.

Self-help books tend to rely on narrative closure, whereas talk shows do not. Or at the very least, the early talk show relied on a different kind of closure. Self-help tells stories of problems, then offers solutions. The trashy elements of talk tend to nurture conflict, focussing on debates without offering solutions. The marriage of self-help with the talk show brought a new kind of closure to narratives that focussed on confession and ensuing discussion. Theoretically, with the earlier audience discussion shows such as *Donahue* there was more emphasis on on-air drama, speaking publicly about volatile and taboo topics, and eliciting responses from the studio audience, than on offering up solutions to people's personal problems (Timberg, 2002: 71). Although *Dr. Phil* does this also, as part of his self-help philosophy, we do not always see the end of the story on the

show. Also, there is often some greater social issue or some larger life problem that remains ongoing. Thus the move from issues of public interest to issues of private interest on talk shows opened the door to self-help, narrative closure, and renewed reverence for credentialed experts.

Ultimately, the talk show and self-help are not so different. They share a relationship with, and dependency upon, experts and professionals. Compare the following description of self-help books by Stephen Starker with what we know of the daytime television talk show: “[Self-help] regularly addresses a mass audience, offers exact directions for solving problems, claims competence in virtually all aspects of human concern, and is relatively free of external evaluation and regulation” (Starker, 1989: 5). The talk show also addresses a mass audience, and is relatively free of external evaluation and regulation. Arguably, talk shows also claim competence in the discussion of many “aspects of human concern.” They address suicide, crime and criminals, sex and sexuality, religion and spirituality, love, depression, death, etc.

### **Daytime Television Talk and Therapeutic Discourse**

As the TV talk show evolved, it became a mostly depoliticized process of making the political into a personal problem. This therapeutic discourse then opened the door to expert guests—professional and laypeople—who in turn helped to encourage the self-help ethos that burgeoned in the 1980s and grew stronger into the 1990s to a point where we now have talk shows that range the spectrum of explicit self-help (take for example, some aspects of *Dr. Phil*) to a blend of therapeutic talk and New Age-like ideas (such as *Oprah*), to straightforward celebrities interviewing other celebrities (as in shows hosted by Ellen Degeneres and Sharon Osborne). Self-help fit easily with the belief system being



perpetuated by therapeutic discourse in many television genres. And as I will argue, this is especially true of the daytime talk show.

In her book *Tele-Advising*, Mimi White interrogates the machinations of therapeutic discourse and its inevitable relations to the marketing and consumption of material goods. In the end, she finds that this is a contradictory and unstable relationship. The relation between the shows' content and the ads run during commercial breaks are indeed contradictory. White notes that "sometimes complicity with the hegemonic forces of consumer culture can provide the means whereby individuals discover their own (counterhegemonic) power and that the expression of transgression can be readily consumed by hegemonic interests" (White, 1992: 81). As she reminds us then, it is helpful to remember that what self-help and talk shows preach is not necessarily the gospel that viewers take away with them into their everyday practices. There are a panoply of contradictory forces at work. Talk shows deal with specific subjects and highly personalized, individual narratives which are then sold in a particular way to a particular demographic, positioning viewers of these shows in a certain constructed social group. How these narratives and positions interact in the minds and practices of audiences is unpredictable and varied.

Further destabilizing this relationship, self-help easily became part of the talk show and brought its subversive potential down a notch by further encouraging people to take the political and reduce it to a personal problem. By doing so, talk shows aided self-help in reinforcing its potential as a sort of religion and on de-emphasising social values such as compassion, charity and caring for others.

Television talk shows' new revivalism encourages people to convert to a psychological or pseudo-psychological belief system. Such a belief system rarely

encourages a person to turn outward to help the poor or the suffering. Instead, one is required to work on oneself. Healing one's inner child, sadly, becomes more important than healing even one citizen in the real world (Lowney, 1999: 20-21).

This, in turn, only fuelled criticisms that self-help culture encourages an unhealthy narcissism (Starker, 1989: 170). Perhaps by adding to the genres' apparent contradictions, self-help upped shows' potential to help viewers "discover their own hegemonic power." However, criticisms then fuelled a backlash against the focus on "inner" selves in self help, therapeutic and talk show cultures beginning in the mid to late 1990s.

At the very least, those talk shows which eventually picked up on this idea of self-healing and self-helping managed to add a charismatic flare to preaching the gospel of obsession with one's own self. According to Bernard Timberg, talk shows "are a form of rhetoric that is both private and public, personal and mass" (Timberg, 2002: 15). Thus, self-help benefited from being able to use talk shows as its vehicle from time to time, as it gives the impression that self-help, when shared, still has constructive potential because it applies to real people with real problems, and these problems merit an open discussion in front of millions of viewers. After all, daytime talk shows are "a vehicle for the display of consumer products aimed at women as consumers" (Shattuc, 1997: 51). More women watch daytime television, although the margins between men and women viewers are narrowing. A survey published in 2002 estimates that 5% of men in the U.S. watch regular talk shows, compared with 16% of women. This changes for what they call "tell-all" shows (or trashy shows like *Jerry Springer*) where men account for 8% of viewers and women for 7% (Papazian, 2002: 199). The majority of self-help readers are also women (Simonds, 1996). Via TV talk, self-help, its authors and its gurus thus enjoy public exposure and can boast a mass appeal.

Therapeutic discourse opened the door of talk shows to experts of various stripes.

For the purposes of discussion, it may be helpful to divide these into three loose categories. Firstly, there are the credentialed, professional experts who bring to the show a very specialized block of knowledge. Perhaps as a vestige of the audience debate shows that early daytime talk was modeled upon, there is always the need for an occasional guest professional on any given talk show. It also helps if the expert adds to a show's drama and/or to its educational value. Secondly, there are guests whose expertise is wrought from painful experience, who share or have shared their painful stories and can offer counsel to others suffering under similar circumstances. These unofficial experts wield a more subjective form of expertise. Thirdly, we have what I will call the hybrid experts, who do have some type of formal accreditation but have a related wealth of personal experience to draw upon in their area of speciality, and on the weight of this call themselves experts—usually reinforced by having written a book or some degree of celebrity status.<sup>9</sup>

Since the industrial revolution, North Americans have come to rely in a particular way upon professionals and other experts. Because social and cultural developments have seen the rise of science as the legitimate purveyor of objective knowledge, any expert who can make claims to scientific knowledge will enjoy some degree of legitimacy (Ehrenreich and English, 1979: 69). But the road to recognizing science as *the* marker of legitimacy has been rocky. The need for credentialed experts or custodians of specialized knowledge has grown as society has become more atomized and as an overwhelming number of sources offer up all kinds of information.

However, as much as experts such as doctors or lawyers are used and appreciated

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<sup>9</sup> I have read several such distinctions between types of experts, such as in Grindstaff, Heaton et al. and Ehrenreich and English which have influenced the divisions I make here.

by the general public, there is also some dissention among the ranks. Not all experts have our best interests at heart. But the exclusivity of professional credentials created competition and unofficial experts had to be weeded out. As Barbara Ehrenreich and Deirdre English note in their study of 150 years of experts' advice to women, from the very beginning the force to institutionalize into professions skills such as healing has been stronger than the will to give people the most effective care possible. One problem with experts—as with anyone who is given more than a healthy share of power—is that they can get carried away by their own superiority complexes. Bearing in mind this complex relationship between experts and the general public, I would like to consider the expert upon whom this study is focussed: Dr. Phil.

#### **WHO IS DR. PHIL?**

The popular doctor—who does actually have a PhD in psychology—has followed an interesting life path. Phillip Calvin McGraw was born in a small town in Oklahoma (Dembling and Gutierrez, 2004: 2). He grew up with mother, father and two older sisters in Oklahoma and Texas. According to reports he was a normal, spirited boy. While Phil was still at home, his father went back to school to become a clinical psychologist and the family worked hard to make ends meet.

In his youth Phil played football until an injury ended his blossoming athletic career. Fresh out of high school he married his cheerleader sweetheart, Debbie. They divorced soon after (Dembling and Gutierrez, 2004: 236). On a recent radio talk show Debbie denounced Phil for not revealing that he had a failed marriage—as this may be relevant to the kind of persona he projects in the work he does—and she got other media coverage. But, perhaps because audiences know his current wife Robin so well or

because he has been married for close to thirty years (as viewers are constantly reminded), the news didn't seem to have much effect on the opinions of Phil's fans.

In college McGraw studied psychology. He finished his M.A. and Ph.D. in clinical psychology in four years, graduating in 1979 from the North Texas State University. His research focus was in cognitive behavioural psychology. For his doctoral dissertation *Rheumatoid Arthritis: A Psychological Intervention*—even way back then Phil was preoccupied with the concept of intervention—McGraw studied female sufferers of rheumatoid arthritis and experimented with the use of biofeedback in the treatment of this disease. His advisor, one Dr. G. Frank Lawlis, still publishes books advocating treatments much like the ones Phil researched in his dissertation. Dr. Lawlis has even made an appearance on Dr. Phil's show. Dr. Phil's academic career was relatively brief, as he completed his M.A. and Ph.D. in just four years. The only article published in an academic journal I have found with McGraw's name on it, is a piece co-authored by himself and two of his committee members, distilling the results of his doctoral dissertation research (see Achtenberg, McGraw, and Lawlis, 1981).

In terms of his career as a therapist, Phil actively saw patients for a number of years before deciding that he was not cut out for one-on-one counselling. He, along with his father and other colleagues, built up a company giving motivational seminars. According to the only source I have found on the subject, this ended in bad feelings when Phil sold the company out from under his partners (Dembling and Gutierrez, 2004). His next venture, which is still a going concern, was the development of Courtroom Sciences Inc. (C.S.I.). With a lawyer acquaintance, he set up this consulting service whereby large companies could hire C.S.I. to run them through mock trials and prepare them to win

large law suits. C.S.I. is still headquartered in Houston, Texas.

It is through CSI, that Dr. Phil met Oprah. He was a legal consultant on the court case where she was sued by the U.S. beef industry for voicing her apprehensions about mad cow disease and eating domestic beef. She was so impressed with his straight-talking style, that once she successfully made her own courtroom defence, she introduced the doctor on her show. After his first appearance on *Oprah*, viewers were upset and those who made their voices heard felt that he was too mean to guests. Undaunted, Oprah put him on the show again, asking viewers to give Phil a second chance. Soon after, it was “Tuesdays with Dr. Phil” (Watson, 2002). For four years he appeared every Tuesday, boosting Oprah’s ratings by a remarkable 24% (Peyser, 2002). Considering the impact that Oprah is perceived to wield over popular opinion, this was an auspicious beginning for Phil’s career as everybody’s favourite no-nonsense therapist.

In the fall of 2002, Dr. Phil finally decided to take the next logical step in his own story and made a go of his own daytime television talk show. *The Dr. Phil Show*—a branch of the Oprah Winfrey empire, co-produced by Oprah’s Harpo Productions—was a long shot because it is not your average talk show. It is a show about confessing, but it is also primarily a show about giving and getting advice. McGraw also writes self-help books, publishes companion workbooks and has a column in *O, The Oprah Magazine*.

While making regular appearances on *Oprah*, McGraw published his first self-help book wherein he describes his vocation thus: “Some people build houses; I build strategies for living. I am a strategist. I study human nature and behaviour” (McGraw, 1999: 6). Since he started hosting his own show, Dr. Phil and his family have moved from Texas to a home in Los Angeles where the show is taped (Bosch, 2004: 118).

Although he no longer takes private clients, Phillip C. McGraw is still a licensed therapist in the state of Texas (Texas State Board of Examiners of Psychologists, 2004).

Dr. Phil, as an expert licensed psychologist himself, perhaps bears more responsibility from the get-go than would the journalist-turned-talk-show-host. Although this is certainly not the first talk show to give advice and be hosted by a licensed professional, Dr. Phil's role as expert allows the show to do some unique things that other daytime talk shows might not get away with. Dr. Phil does not hesitate to use his show for his own ends. For instance, he shamelessly plugs his own books. During the show's second season, many of the themes treated marital difficulties and people with weight problems, following the publication of Dr. Phil's series of weight loss books and his book for couples entitled *Relationship Rescue* (for a complete list of books by Dr. Phil please see Appendix A). I have seen guest after guest be chided like a ne'er do well student for not having read the Dr. Phil book pertinent to their problem. Indeed, we know guests are most committed to change when they work into their interview how much they enjoyed Dr. Phil's book and can give an example of how they tried to implement his suggestions in their lives. I suspect that those who write letters to the show in hopes that they are chosen to be on stage with the good doctor, have a better chance if they are able to say that they have read some Dr. Phil.

But it is not all "me, me, me" with Phillip C. McGraw. In the tradition of the talk show he also plugs other people's ideas. From time to time he invites in an outside expert to help his guests. This expert can expect in exchange some television exposure and be quite certain that the audience at home will be told that viewers should refer to the expert's new book if they have similar difficulties and that everyone in the studio

audience is getting a free copy of this expert's new book. Interestingly, these guest experts are often framed as being friends of Dr. Phil's. Recently, for example, Dr. Phil invited his mentor and former Ph.D. advisor Frank Lawlis to the show, to discuss alternatives to drugs when dealing with ADD kids. Everyone in the audience got a copy of Lawlis' *ADD Solution*. Occasionally, Jay McGraw also makes an appearance, to plug one of the books he has written which are inspired by his father's work and show (see Appendix A for a list of books by Jay McGraw). On one hand, this is shameless self-promotion of the most blatant kind. On the other, audience and viewers are receiving information that will help them to expand upon what they saw and learned on the show.

In summary, the tensions created and then diffused by Dr. Phil are manifold, but can be organized around the key axes of self-help culture, the daytime TV talk show genre, and cultural and social expectations. The relationship between experts, self-help and television talk shows is complicated, in that each of these aspects of culture is formidable just by itself. It is on the *Dr. Phil* show in particular that specific elements of each axis combine to create a unique text which is more than self-help and also becomes part of therapeutic discourse. In the midst of this blending of popular self-help with therapy and its official discourse, clashes are inevitable. In an effort to elucidate Dr. Phil's brand of T.V. therapy, the following chapter will consider this therapeutic discourse in terms of the tensions between the goals of providing attention-grabbing entertainment and helping people with serious problems.



### CHAPTER 3

“He’s a cowboy, wrapped in a genius, wrapped in a dream, wrapped in another cowboy...”  
 -B.B. [Frasier’s agent] on Dr. Phil, in *Frasier*, “The Devil and Dr. Phil”

#### WINNING FRIENDS AND MARKETING TO PEOPLE: FORMULATING THE *DR. PHIL* BRAND OF THERAPEUTIC DISCOURSE

“I want you to get *excited* about your life.”

“If you’re gonna talk to me, you need to be honest.”

“This is gonna be a changing day in your life.”

The voice of Dr. Phil recites these mantras over video clips of two white women hugging; of Dr. Phil at a dressing table, giving a young man a high five; of Dr. Phil walking backstage with his wife Robin, their arms wrapped around each other; of Dr. Phil nose to nose onstage with a white man in a dark suit, with a studio audience looking on in the background who cheer, clap and gasp at appropriate times (Sawchuk, 2005). After this rapid montage of voiceovers with images in colour and black and white, the TV screen turns blue and the translucent Dr. Phil logo appears for a few seconds with a synchronized electric guitar riff. Then the camera sweeps over the studio audience to the stage decorated in mellow khaki tones. At stage centre, part of the set slides up as Dr. Phil emerges in full suit and tie to greet his audience.

When I say that I’m studying *Dr. Phil*, people tend to have a strong reaction one way or the other (if they are familiar with Dr. Phil). Either they think he has some good things to say and they can’t help watching the show, or there is something about the show, or talk shows in general, that doesn’t seem right to them and they can’t stand it. Isn’t Phil bereft of ethics and just in television to make a buck? Or is there something of value there? Asking such questions always leads me to wonder: Why do people need to make value judgements of talk shows at all?

Daytime talk shows, since their inception, have been a source of public controversy. Are they a positive aspect of television culture, or are they negative? Where do they stand in relation to forums of public discussion? As I touched on in the previous chapter, for the last four decades critics, viewers and academics have been debating whether talk shows do more helping or more hurting in societies where they dominate daytime airwaves. Those shows which seem to be the most blatantly spectacular and the least pedagogical are dismissed by critics as “trash.”

Several vocal critics opened up the debate about daytime talk<sup>10</sup>, and judged that although it provided forums for some form of public debate, the shows were needlessly cruel, violent, devoid of ethics and thus, basically, socially useless. Many people jumped on the critical bandwagon after a guest of *Jenny Jones* was murdered in an incident related to the show during the mid 1990s (Grindstaff, 2002: 21).<sup>11</sup> The difference here between the anonymity of being the protected subject of a story in a book and the exposed subject of a talk show narrative is quite evident. Those shows that seem to have more helpful aspects and more respect for guests, are subject to less criticism but are by no means wholly helpful; they are just less hurtful. How does *Dr. Phil* define itself in terms of past critical debates on daytime television talk, if at all? And how, specifically, does the show balance the competing elements of helping and entertaining?

Though common to most daytime talk shows, with *Dr. Phil* there is a specific negotiation of the tensions between helping and entertaining that I would like to examine

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<sup>10</sup> See Abt, Vicki and Leonard Mustazza. *Coming After Oprah: Cultural Fallout in the Age of the TV Talk Show*. Abt has written several articles criticising daytime talk and has even appeared on *Oprah* to defend her arguments.

<sup>11</sup> Heterosexual Jonathan Schmitz murdered his friend Scott Amedure, who was gay, 3 days after the taping of a show where Amedure revealed his crush on Schmitz. The show was about “secret crushes” and the homophobic Schmitz, who had reportedly been expecting a female admirer did not take the news well (Grindstaff, 2002: 21).

more closely. To better understand how the discourse of therapy and the culture of self-help works within the machinations of the show, I will look at several elements of *Dr. Phil* and at how “helpfulness” and “trashiness” are pitted against one another in the show’s (and the host’s) projected image and content. Helpfulness fits with the serious goals of teaching people to “take a step back” in order to gain new perspective and solve their life and/or family problems. Trashiness fits in with the goal of entertaining an audience, and harkens back to latter-day talk show techniques of exploiting guests and cultivating conflicts on stage to create spectacles or to invoke an element of surprise.

In order to facilitate this exploration, I will include a close description of two episodes of *Dr. Phil*—one that is more trashy, and one that is more helpful (bearing in mind that every episode includes both trashy and helpful aspects). Through these examples, I will look at Oprah’s influence on *Dr. Phil*, which seems appropriate considering her stature in popular culture as the queen of daytime talk show hosts and the fact that she helped start *Dr. Phil*’s television career. However, I will also try to unpack the different content and structure *Dr. Phil* employs, with a view to sussing out the show’s relationship with helping and entertaining in terms of form and content, and how this in turn shapes the *Dr. Phil* brand of therapeutic discourse.

## TWO EXEMPLARY EPISODES

In order to investigate some of the tactics employed by *Dr. Phil* and his staff in the making of the show, this chapter will foreground practical elements of the *Dr. Phil* show in an attempt to take a step away from moral debates and judgments surrounding daytime TV talk. What makes these public displays of private problems—which seem almost mundane compared to other daytime talk shows—compelling? How are the talk

show and self-help culture represented in Dr. Phil's words? What patterns can we see in the types of people chosen to appear on the show and in their stories? How are guests' stories told? To help answer these questions, I have chosen to discuss two episodes of *Dr. Phil*. One was selected because it seems to embody the idea of trashy talk. The other was selected because it has more pure therapeutic or helping value for both the guest and the viewer.

I judged the degree of spectacle in a given program by the topic being addressed; how personal the issue at hand was, how exploitative the show was of its guests' vulnerabilities, how it adhered to the show's regular structural formula, and by how universal a given guests' problem seemed to be. Each show is indicative of chief ways in which the set of master tensions arising from helping and entertaining interact and conflict, as well as of the host's role in managing and directing these tensions. These episodes are indicative of the performances seen daily on *Dr. Phil* and are built upon the doctor's role as it was initially sketched in his appearances on *The Oprah Winfrey Show*.

#### THE TAO OF OPRAH

To get to the heart of the *Dr. Phil* show, it is compulsory to discuss Phil McGraw's relationship to Oprah Winfrey. *Oprah* plays an important role in self-help culture and in the therapeutic discourse of daytime talk shows. After almost 20 years in national syndication she is still going strong and for the last 15 years has been the number one rated syndicated talk show, eclipsed only briefly by *Jerry Springer* (Farache, 2000). Winfrey is currently in her 19<sup>th</sup> season, and has reportedly signed on to keep talking until 2011 (Hall, 2004). Phil McGraw could not exist (as we know him) without Oprah. She led the guard—and even now is shaping Phil's show—by responding to criticisms of

daytime talk shows as exploitative, trashy and useless. She moved her talk show's content into the realm of self and spirituality. She consciously added 'helping' elements (while clinging onto entertainment value in order to maintain high ratings) for instance, as in September 1998 under the title "Change Your Life TV" (Parkins, 2001: 145). This shift in content reflected a spiritual interest in teaching people how to improve themselves, which is somewhat different from Dr. Phil's focus on changing behaviour via changing perception. Nevertheless, having Dr. Phil as a regular guest—along with four other self-help experts—was also part of the plan. Oprah is at least important to my discussion, then, because she gave Phil his start.

Although Phil McGraw no longer shares a stage with Oprah, her influence on his communication tactics, in terms of their form at least, is palpable. Though some aspects of the show's form and content clearly belong to Dr. Phil, some owe a debt to her. Oprah's helping ethos tempers Phil's more entertaining verbal lashings and public embarrassments. He played the bad cop to Oprah's good cop, and they became daytime TV's mother and father of D.I.Y. enlightenment and therapy. Thus, I will argue that *Oprah* serves as both an entertainment model and a foil for *Dr. Phil*.

In order to demonstrate the Oprah-effect on *Dr. Phil*, I will use one episode of the spin-off show as a case study. I chose this episode for several reasons. Firstly, it is exemplary in its blending of traditional talk show tricks and newer Dr. Phil tactics. Secondly, it is so representative of the genre, that I categorize it as one of the truly trashy episodes of *Dr. Phil*.

### **"Family Matters: An Intervention"**

This episode aired during November sweeps of the show's second season. It is

different in format, because instead of telling the stories of several families and having them onstage in succession, this episode focuses on one family: that of a 21-year old drug addict who are at their wits end as to how to help him. For the entire show, parents Doug and Debbie are onstage with Dr. Phil, while their two younger children are seated in the front row of the audience. This is an unusual show in overall tone, as Phil is a little more sombre. There are several occasions where he pauses and seems to be weighing his words more carefully than usual.

He spends a long time with the parents, asking questions, getting them to confirm that they understand what they are doing and why. Several times Phil asks, “Do you get that this [Brandon’s drug addiction] is a *terminal* disease?” and continues to iterate that they are doing this two-part show to save Brandon’s life. This constant (and somewhat unnecessary) reiteration of the gravity of the situation serves to heighten the show’s tension—this isn’t just a talk show lark, it is a real situation and there are going to be real consequences so the audience had better listen closely too. The implication is that we should not miss a minute of the show in case we miss seeing things go horribly wrong. At the same time, the rhetoric of terminal disease appeals to the on-stage guests’ protective, parental instincts. Taking a page from the book of *Oprah*, the level of emotion is turned up to high drama right from the beginning of the episode.

Next, the show does something else unusual by taking two video clips—one gleaned from a hidden camera<sup>12</sup> the family consented to have in their kitchen as part of the show, and the other a producer’s interview with Brandon—and juxtaposing them to

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<sup>12</sup> N.B. It is not the camera in the home that is unusual as every guest receives this treatment, but the fact that the camera is *hidden* from one of its subjects as Dr. Phil tells us, and as is evident from the awkward and static angle the footage is shot from. The juxtaposition of shots and overt use of polemic footage is also out of the norm.

make a point to both guests and viewers. In one clip, Brandon is having a temper tantrum, yelling and screaming at his mother for criticising his life style (incidentally, Brandon lives with his parents and does not go to school or have a job at this point). He defends himself, yelling at his mom, insisting that he doesn't go out and party. In the second clip, we see Brandon answering an unseen producer's question (we hear her voice), stating that he no longer parties, that he has a great relationship with his family and especially with his mom. He seems a bit groggy, and the producer asks "Are you on something?" to which Brandon replies, "Naw." In this salacious bit of editing, the show implies that Brandon's flouting of public speaking and norms of behaviour mark him as a drug addict. Dr. Phil draws out Brandon's denial and self-contradictions in these clips for the parents (and audience) as evidence of extremely unhealthy behaviour. The tantrum clip is replayed two more times throughout the show. Again, Dr. Phil uses traditional talk show tricks of hidden cameras and exaggerating conflict to keep emotions running high.

After a break, Dr. Phil broaches another aspect of drug addiction, still presumably with a view to convincing the family that they are doing the right thing. After more questions, more clarification of the details of the situation and of the mother's enabling behaviour, Phil asks the mother and then the siblings if what they have heard so far seems accurate and if they are willing to tell their brother that he needs to get help. The teenaged brother and sister look embarrassed to be addressed directly but they agree with Dr. Phil. He continues by saying that they have to "create a crisis" to get Brandon to act. Then Phil asks the parents to report on a "homework assignment" he gave them that will help in the intervention. (Phil regularly gives assignments to guests, as any self-respecting self-help guru would, and this is one of the show's own innovations.) They have lists of facts;

times when they know for sure Brandon was using drugs. Phil reiterates that the intervention is about the drugs, and not about any other issues they have with Brandon.

After another commercial break, Dr. Phil points out a special guest in the audience: a father who came to Dr. Phil for help letting go, after his own son had died because of a drug addiction. In a clip of this man's first appearance on the show, it feels like Oprah is watching and nodding her head in approval as Dr. Phil guides the father, eyes closed, through a recitation where he is weeping and telling his dead son that he loves him and did the best he could. Phil uses this man to encourage (again) Doug and Debbie to try their hardest to convince Brandon to get help. From that teary discussion, they move on to discuss Debbie's constant worry that Brandon will be found lying dead in a ditch.

After all of this Oprah-esque personal venting of emotion, the interview moves on to concrete facts and stories about Brandon's drug habit, including showing photos taken by Doug of the contents of the safe Brandon has in his room. Dr. Phil even goes so far as to explain how some of the sundry items (like a baby bottle) are used in drug culture. He then emphasises that the show has talked with Brandon's lawyer, parole officer, etc., and either he needs to get sent to jail for violating parole (*Dr. Phil* knows about a "dirty urine sample" that Brandon does not) or he gets treatment. "We don't hold our guests prisoner on this show," Dr. Phil chuckles.<sup>13</sup> So we get some almost gratuitous discussion on illegal use of drugs, and we learn that Dr. Phil has yet another ace up his sleeve in the battle to save Brandon's life.

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<sup>13</sup> This statement is perhaps a response to a lawsuit filed against the show in its first season by a guest who insisted that she was held prisoner in room guarded by show staff, and had to have a leg amputated because of her subsequent efforts to escape. (Errico, Marcus. "Dr. Phil, Maury's Talk Show Torts" *E! Online*. November 14, 2003.)



Phil then begins winding down, talking about the intervention to come (in Part 2) and how Brandon will resist because he asked them not to talk about his drugs on the show and that's exactly what they're going to do. But Phil cushions the blow, by revealing that the show has arranged for Brandon to go to a "first rate treatment facility" (unnamed for confidentiality) all expenses paid, if that is the option he chooses. Here we see another Oprah gambit—giving generous gifts to help guests battle their demons. The parents are duly grateful. Dr. Phil repeats that they will be doing a "structured intervention" on the next show. Phil explains that he has done this type of intervention as a private counsellor many times. It involves family and friends collectively coming together, with the help of a mediator, to intervene on one specific problem of a loved-one. Brandon will join his parents on stage and they will face him with their concerns. Only they will be able to keep him on stage, no one will be restraining his movements. So if they want Dr. Phil to have a chance to convince Brandon, they'll have to come up with a way to make him sit and listen. Once Doug and Debbie are off the stage Dr. Phil somberly signs off.

By turns in this episode Phil taunts viewers with the possibility of traditional talk show conflict, then with solution by referring to how expert he is, or at how the show has done enough homework to keep the conflict to a minimum. Signature *Oprah* elements also abound, in the show's overarching goal of helping Brandon and his family, and framing the sharing of pain and emotion as a cathartic part of the process of personal change. The way Dr. Phil treats the situation it is not pure spectacle, but compared to other episodes, this one has a most sensational flavour. It may be judged as exploitative of Brandon, whose drug problem is aired on broadcast television against his will and he

has no prior knowledge (we are told) that the show is all about him. Conflict is inevitable. Interestingly, I have found that the daytime talk show has a history here, as conflicts cultivated by on-stage surprises are technically termed by industry workers as “interventions” (Grindstaff, 2002: 12). These types of shows are most ethically questionable. It was this type of show that is supposed to have led to the *Jenny Jones* murder. Were it not being structured as a clinical intervention this show would put us right back into the mid-1990s, before Geraldo drafted his “Bill of Rights and Responsibilities” for talk shows. The bill had a specific clause stating that guests would be informed fully about what was going to happen on a show (Grindstaff, 2002: 24).

What Phil does on his show is an expanded on-air one-hour, 5-day-a-week version of what he did on *Oprah*. In this episode of *Dr. Phil*, we see echoes of trashy talk shows as well as the touchy-feely influence of *Oprah*. As “Family Matters” demonstrates, she is with Phil in spirit (especially as she is a producer of the *Dr. Phil* show).

However, now that he is solo Dr. Phil has to play the good cop himself to temper his bad cop tendencies. Phil manages to use his different moods—signified by his tone of voice, loudness or quietness of speech, and occasionally his body language—to signify the gravity or levity of a situation to his audience. Breaking away has allowed Dr. Phil to expand his range of emotion which is wider than it was on *Oprah*. One difference is that Phil McGraw displays several extreme emotions, whereas on *Oprah* he tended to stay more often on the side of the tell-it-like-it-is advisor.

Both Oprah and Phil have characteristic personality quirks that are always included when their talk show personas are parodied: Oprah cries and Dr. Phil is not afraid to be mean. Whereas Oprah would have been crying along with Brandon’s mom as

she talked about planning his funeral in the wee hours of the morning while he was out partying, Dr. Phil listens patiently and comes back telling Doug and Debbie that they need to “play hardball” with their son and stop enabling him—not as extreme as yelling at them or calling them “stupid,” but not so coddling and empathetic as Oprah.

Not surprisingly, these trademark characteristics fit within traditional gender roles. But upon detailed examination, neither personality entirely fits the social expectations of their gender or those of the talk show genre. In a select few ways, Dr. Phil and Oprah are gender role mavericks. Oprah blazed the trail by being the empathetic listener who cries at the drop of a hat, parlaying this into a multi-million dollar fortune—putting her at number three on the list of Forbes’ top 100 most powerful celebrities in the U.S., and making her one of only two women on that list, the second woman being J.K. Rowling (Kafka, 2004). Oprah is quite possibly one of the most powerful women in the U.S., both in terms of popular cultural influence and capital influence. Think of the book sales credited to her book club, for example. My local Chapters store has dedicated a large display table to “Oprah’s picks” alone. Dr. Phil cannot match Oprah in this respect, but he makes up for this by displaying the masculine behaviours of arguing logically with his guests and being a “straight-shooting” no-nonsense kind of advisor. Yet, this image might clash with that of a person who daytime television viewers will trust to give advice, especially those viewers who are accustomed to Oprah’s touchy-feely style. Phil might be formidable and mean, but he is not pure evil. He is a good listener. We will never see Phil shed a tear on the air, but he is at least able to convey sympathy and can prove that he is paying attention and give appropriate advice.

Both hosts trade on an aspect of spontaneity or extreme emotional behaviour to

add entertainment value to their show. Controlled spontaneity is part of the talk show formula in general, but with both Phil and Oprah, the source of the extreme behaviour is not always the guest—as is more typical of the talk show in general—but of the host's interactions with and reactions to various guests. Oprah bursts into tears, while Phil launches into tirades or signature comebacks such as “And how's that workin' for you?” or “What were you thinkin'?!” Spontaneity is also an element of both hosts' interview style, and the power of this style should not be underestimated, as, “So much of broadcast interviewing is style and image” (McLaughlin, 1990: 155). Dr. Phil is rather unique in daytime television because he plays the role of both host and expert (although from what I've seen he still brings guest experts onto his show about once every 5 episodes).

While the Oprah formula for success dictates that the host shows her flaws, her humanity, and her emotions, and earns credibility through the sharing of her own personal experiences and by letting emotional reactions show through, this could not work for Phil because he is both the expert and the host—both the joker and straight man. He is not interested in feeling out a problem organically. Dr. Phil has a system (based on behavioural psychology) that requires *de*-tachment rather than *a*-ttachment. But does he ever use a similar strategy to Oprah?

Genuineness contributes to an effective therapeutic relationship by reducing the emotional distance between the counsellor and client and by helping the client to identify with the counsellor, to perceive the counsellor as another person similar to the client. Genuineness has at least five components: supporting nonverbal behaviours, role behaviour, congruence, spontaneity and openness (Cormier & Cormier, 1998: 42).

Part of Oprah's appeal is her genuineness about who she is (Illouz, 2003; Wilson, 2003) and her play with the role of therapist, or at least empathetic listener. Meanwhile, Dr. Phil was always a genuine therapist who plays at being a genuine daytime talk show host.

Take Eva Illouz remarks on *Oprah's* relationship to culture: "In the Oprah Winfrey cultural enterprise, these become cultural tools mobilized to make culture into a form of therapy, to bestow meaning on people's failed lives, and to change those lives" (Illouz, 2003: 240). It is Oprah who is giving therapy and therapeutic discourse a push, first by creating her own form of therapy through culture and second by vaulting Dr. Phil, a psychologist, into a talk show vehicle all his own which is then shown all over the U.S. and in more than 40 countries around the world (Dembling and Gutierrez, 2004: 22).

Is Dr. Phil that much like Oprah, then, in the way he tries to win the hearts and minds of his audience? Oprah is more open about her past than Phil, but Phil does expose his whole family through his show. Phil's wife often co-hosts, his son Jay appears as an expert guest and now has his own spin-off on Fox, called *Renovate My Family*. The two hosts' tactics are similar in that both of them play helping goals against entertainment industry goals in achieving credible, convincing personas around which to formulate their shows. Eva Illouz contends that Oprah gains the trust of her audiences by pursuing a "moral enterprise," and not bowing to a commodity driven sense of moneymaking (Illouz, 2003: 59). Yes, Oprah is making money and lots of it. But, especially with the advent of "Change your life TV," her goals seem to be spiritual and moral, as well as financial. And because Dr. Phil was born of this will to moral daytime television, he cannot help but share in part of this atmosphere, although his own motivation is more practically, psychologically or socially motivated rather than being moral or spiritual.

In terms of the entertainment industry and exploitation of people's problems or private matters, Phil takes things down a notch. He deals most often with families, heterosexual white middle-class families most specifically, and more mundane problems.

Even when you get a cross-dresser on *Dr. Phil*, the focus is not on the freakishness of an individual, but on how a family deals with this specific type of difference on a real-life, daily level. Brandon has a serious drug problem, but I find myself questioning how bad it is, because the entire first episode focuses on the family, how they cope with his drug addiction and on how they need to think and act in order to convince him that he needs to get help. Brandon might be abnormal, but the real interest for *Dr. Phil* is how the people around him choose to deal with (or not deal with) his freakish behaviour. In this, not only does Dr. McGraw share in Oprah's moral enterprise, he branches off and starts his own.

This is a formula feature that Phil borrows from Oprah and it is one of the helping features of the show: if viewers see others in similar situations having the same experience, it might spur them into action, or cause them to re-think their lives. For an instance of this idea at work, the fourth show of the third season (aired Sept. 2, 2004) had an anorexic guest who was inspired to seek help for her disorder after she saw Brandon's intervention episode. Where Dr. Phil mobilizes spontaneity and entertainment value is when he gets people to expose their own hypocrisy or laziness, and tries to convince them to change their thinking and/or behaviour in front of an audience. This is the *Dr. Phil* equivalent of what Laura Grindstaff luridly calls "the money shot."

In print, radio, and television, getting advice, giving advice and offering mass mediated therapy have occupied their fair share of the popular market. In many of these forms, women have been the primary consumers (Simonds, 1992). Sometimes these shows have elements of self-help, although at times their content would best be labelled as self-health. Advice columns like "Dear Abby" are geared to helping people with an acute personal problem, often dealing with relationships. TV shows like *Good Sex* with

Dr. Ruth or *The Sunday Night Sex Show* with Sue Johansson deal more with questions of physical health, although they too deal with social relations and mental health to some degree. But Dr. Phil's is, I believe, the first advice show that is primarily a self-help show with a general focus on human behaviour, in the sense that self-help gives advice that concerns the mental processes that lead to actions.

Oprah's guests share personal stories and so do Phil's. The difference is that Dr. Phil's guests expose personal problems and simultaneously expose themselves to the chiding of a psychology expert, in order to obtain a workable solution. So *Dr. Phil* clearly owes a debt to Oprah's communication strategies, as some have served him as models and others as foils. Dr. Phil is following in Oprah's steps by emulating the thrill of seeing into people's private lives and in some ways adding to it because we get to see these people get the dose of harsh reality they so often seem to deserve. Comparing the communication tactics of *Dr. Phil* to those of *Oprah*, sheds light on the latter's influence on the daytime talk genre, as well as on Phil's show, thus evidencing her considerable influence over the ways entertaining and helping tensions can play out in a daytime television talk show. But now that we understand Phil in relation to Oprah, let us look at Phil independently.

#### **THE DR. PHIL FORMULA FOR STAGING SPONTANEITY**

Phillip C. McGraw is not a man to be bullied. Although he clearly owes a debt to Oprah and others, Dr. Phil's show is his own in more ways than one. In the show's formula (and in its variations) both entertaining and helping are brought out in *Dr. Phil*'s unique method of eliciting confessions, building narratives and packaging therapy. In his books, Dr. Phil is all about coming up with lists of strategies and solutions that will help

his readers become successful in life, relationships, etc. So much of his advice is based (it seems) on concrete, set “formulas for success,” that it would be no surprise to find a fairly consistent formula behind the structure and content of his talk show. And to a certain degree this is indeed the case. Just as in his books that tell us we either “get it” or we don’t, or that we need to “get real” with ourselves by taking an unselfish look at our problem situations, so does the show. For a closer look at how these dynamics play out, I would like to look at another episode of *Dr. Phil*, one that is more representative of the average episode, and which contains many Dr. Phil signature elements.

### **“Going for Broke”**

This episode aired early in the show’s second season, and deals with families who are in dire financial straits because they have mismanaged their spending. The first couple Dr. Phil talks to are Jessica and Nate. During the montage of pre-taped footage-at-home and interviews—and reiterated in the onstage interview with Dr. Phil—it is made clear that Jessica is unhappy with the family’s income. Jessica spends money that they don’t have and lies to her husband about it, in spite of the fact that she already works two jobs and her husband works full time. Her shopping “addiction” is cited as the cause for the family having to file for bankruptcy.

Jessica insists that her husband should look for a better job. Dr. Phil clarifies with Nate that he has a job he enjoys and which is relatively stable. The idea that Jessica’s demand is unreasonable is solidified when Phil asks her, “Will there ever be enough?” and she replies, “No.” Phil comes back several verbal exchanges later with, “What do you think this does to him [Nate], hearing you say that?” Dr. Phil then employs one of his stock tricks: The technique of reading a top 10 or top 5 list that a guest made in their pre-



interview.<sup>14</sup> Phil goes on to read a list of 10 things Jessica would change in their marriage, and all 10 relate to money and wanting more.

After a commercial break, Phil introduces guests Amelia and Elizabeth Warren, who have recently published on the troubles of family finances. Dr. Phil then talks details about the family's finances (and it is revealed in passing that the couple do have children). Elizabeth and Phil then discuss Jessica and Nate's decision to take out a second mortgage on their house. Elizabeth tells them that it is a bad idea that banks sell to us to make money—therefore, they have made a mistake. Phil switches from talking *about* his guests to talking *to* them and focuses in on Jessica and her shopping habits. He says, "I've met you before! How do you think I know all this? I don't follow you around. I've met you a thousand times before." The implication here is that the host has encountered this affliction before in his practice as a private counsellor, and he validates its status as a disease by being able to recognize symptoms and predict behaviour. By reinforcing the idea that no guest is that unique, Dr. Phil also de-emphasises each guest's individuality in keeping with the mission of taking the "self-ishness" out of self-help. Dr. Phil suggests that Jessica is too concerned with what other people think of her, emphasising to the couple the gravity of their situation and how imperative it is for Jessica to quit spending money on frivolous purchases.

After a second commercial break we are introduced, via video montage and then in the studio, to Amy and Jeff. This is a rather extreme case, where Jeff was employed outside the home and Amy was managing the house and raising their four children. Then Jeff lost his job. He couldn't find other employment, so they ended up selling most of

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<sup>14</sup> Whether or not making a top 10 list is a standard practise in all pre-interviews I do not know. I tried several times to get in touch with staff at the Dr. Phil show to ask such questions, but was not successful.

their possessions, including their house, and moving in with Amy's sister, husband and two kids. This is their living situation when they are onstage with Dr. Phil (the sister and husband are sitting in the front row of the audience). Phil expresses dismay with the semi-rhetorical question "You're living, ten of you, in a 1900 square foot house, right?" It is semi-rhetorical because he does expect a response, but it can only be a "yes" or "no." Jeff is still looking for work but has had no luck. It is established during the show that instead of taking money for odd jobs or finding a corporate headhunting firm to take his resume, Jeff bought a laptop and rented a trailer. He parks this "mobile office" furnished with a desk and a chair at a corner gas station adorned with a sign telling passers-by that he is looking for a job and giving them a number to call.

The interview is peppered with footage of Jeff, sitting at his desk on a trailer being "dude on the corner," as he calls it. Dr. Phil wastes no time in mocking this idea and trying to convince Jeff how unrealistic it is, especially given the desperate circumstances his family is in. The host takes turns addressing Jeff, then Amy, then both. At times he asks questions and clearly expects a response, while other times he seems to be talking just to reiterate points. This is a showy blend of talking *to* his guests, *with* his guests and *at* his guests by turns. Dr. Phil puts the situation starkly into relief when he questions Jeff about the \$3000 laptop: "You sold the sheets off the bed and then bought a laptop computer?! Does that make sense?" When Dr. Phil addresses her, Elizabeth Warren pipes up saying that this family made a classic mistake which she warns against in her book, by selling their house and not declaring bankruptcy. In the end, Phil brings on another guest, a corporate head-hunter (surprise!) who promises to help improve Jeff's résumé and find him a job.

After yet another commercial break, we are introduced to Wendy and Matt, the third and final family coming to Dr. Phil for budgeting advice. The angle the show plays up on this family is that they put off paying essential bills like heating and electricity until they are cut off and are forced to pay. Meanwhile, it is exposed that Matt will go out and buy toys for himself, toys for the kids that they never use, etc. As with every taped montage narrating a guests' story, at the end there is a voiceover of the person who wrote in to Dr. Phil with their concerns, asking Phil for help. We hear Wendy's voice asking Dr. Phil what she should do to get her family on a budget and to communicate better with her husband in the process. After the introductory montage ends, Dr. Phil turns to the couple, and asks Matt what he was whispering to Wendy as they were watching the footage. Matt says that he was acknowledging how bad things looked all strung together on the tape. Dr. Phil asks Matt how he felt when Jessica and Nate were onstage. Matt good-naturedly retorts that he felt fine then, because Dr. Phil wasn't talking about him but about Jessica and Nate. This is a common instance where the show uses itself and the media texts it creates as tools to support the host's arguments. The gist of the narrative is that Matt spends too freely and the family's spending priorities clearly need to be re-evaluated. Examples are presented, such as when Phil says, "So you have \$5 in the bank and you pay \$135 a month for cable..." and on the list goes until it's obvious that this family needs to cut spending and "get smart" about their money.

At this point Phil calls on his expert guests again, and they talk about a "financial fire drill." Three points are projected on the screen behind the guests as Elizabeth and Phil (Amelia does not actually speak very much, compared to her mom) go through the importance of saving a little money in case of emergency. After iterating the importance

of budgeting and saving, there is a break. When the break is over, all three couples are in the audience and Phil stands onstage, reviewing briefly each story, and eliciting commitments to follow his advice from the guests. He also polls the audience, which is another favourite trick (and one of the few times the audience gets to share their opinion other than by applauding or shaking their heads in disbelief). He asks how many people think Jessica will change. About one tenth of them put up their hands, and Phil is quick to point out to Jessica that she did not put up her own hand. Phil says goodbye, walks down the studio aisle to take his wife Robin's hand and continues out of the sound stage.

This show doesn't take the ethical or emotional risks taken in "Family Matters." The episode is informative, treats a common problem and uses the typical *Dr. Phil* tricks of experts-in-the-audience, self-reflexive lists, thorough research and a lot of Dr. Phil being funny, being harsh, listening and speaking with authority. Perhaps as insurance, there are two invited experts in the audience to offer extra advice to these families, seeing as finance does not necessarily fall under the purview of a psychologist. The episode is entertaining. Phil makes some keen observations that seem to be heard by his guests, manages to make a few of them admit the error in their ways, and elicits laughter from guests and studio audience. He still gets to be, by turns, sensitive or cranky, charming or belligerent. But to me, this episode is most representative of the helping side of the *Dr. Phil* show.

As may seem obvious in this and the preceding example, the show uses two competing yet complementary sets of tactics. Dr. Phil follows his published formulas and strategies fairly consistently. This reliability is mirrored in his interviewing strategies. Thus he provides accurate and ostensibly useful tips and information—he provides his

audience with consistency. Meanwhile, the unpredictability inherent in the talk show format (Grindstaff, 2002), along with Phil's penchant for spontaneity, colourful expressions and "telling it like it is" add wildcard tactics that often yield the most entertaining "trashy" talk show exchanges. Take for example the moment where Dr. Phil focuses on Jeff and his "dude on the corner" scheme. Jeff looks uncomfortable but keeps his composure and only tries to defend himself a little before Phil overpowers him. Dr. Phil disregards his discomfort. He deliberately berates Jeff with what an impractical, illogical idea this was, making him look more than foolish in front of his wife, the audience and the cameras.

It is via a carefully crafted formula that the *Dr. Phil* show establishes its own—along with its host's—credibility, personality and material success. I would like to discuss these successes, as well as some of the failures, and how they work within *Dr. Phil*'s formula for spontaneity. Particularly, I want to examine how the show builds narratives, packages therapy for mass consumption and encourages confessions (from guests and from host).

In terms of the talk show confessional, a guest's story is usually established in the letter they send to *Dr. Phil* and in their pre-interview with production staff.<sup>15</sup> However, once guests are on-stage, the producers and host have less control over a guest's story. If a guest walks off-stage during an interview (as Brandon did, when they put him on stage for Part 2 of the intervention episode) and refuses to speak, there is little they can do to salvage their show. But this happens rarely. What conditions, then, must exist to elicit confessions on *Dr. Phil*? In "Going for Broke" the host uses several techniques. In order

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<sup>15</sup> In *The Money Shot* Laura Grindstaff implies that the production staff who contact, cajole, and coach guests are as important, if not more important than the host, etc. in the coherence and outcome of a show

for people to open up to him on national TV, the host must create a genuine, trustworthy persona. In addition, he has to show that he is worth some of the hype in terms of his counselling and interview skills and that he could at least conceivably have his guests' best interests at heart.

The self-declared goal of Dr. Phil McGraw's body of work, beginning with his first appearance on *Oprah*, is to help us "get real" about our own lives. The phrase is constantly being repeated: The words "Get real" run across the top of Phil's web page and he often begins his show by incorporating them into the introduction, e.g. "Today we're gonna get real in a family's life."<sup>16</sup> Thus, Phil's tactics must actually be tailored toward fulfillment of this goal of getting real, of facing reality. Who would take advice or criticism from someone who didn't seem to practice what they preach? *Dr. Phil* has to maintain the persona of not only a confident, witty and knowledgeable man, but one of some integrity. He does this in several ways. Firstly, as previously discussed, he shared his family with his audience and they project the appearance of being quite functional. This makes him look good, as he often holds himself and his wife up to audiences as experts on certain parenting issues. Also, details of his personal life must be carefully managed, whether shared by self-disclosure on the show or in books, or shared by journalists and writers in articles and unauthorized biography. Both Phil's background and his public persona naturally effect how he and his credibility are perceived and these are presented carefully, so his fans get just enough of the right information but not too much.

Phil McGraw is also unique in that as a talk show host, he not only must employ

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(Grindstaff, 2002).

<sup>16</sup> This is spoken at the end of his introduction to the "Family Matters..." intervention show.

good interview techniques but he can also use the tools and tactics of the counsellor or psychologist. This gives him a fuller toolbox for helping and for entertaining. The doctor uses several tried-and-true techniques which convey that he is listening, for instance. The tools of an experienced empathetic counsellor are manifold, but listening is key if one is going to be able to understand a case and give advice that at the very least sounds appropriate (Cormier and Cormier, 1998; Cormier and Hackney, 1999). For example, Dr. Phil does this through his careful use of open questions, eliciting stories from guests.

Another frequently used tool is the reflective statement, where Dr. Phil listens to a statement and repeats it back to the guest, reflecting back important words to see whether he has understood them correctly. Granted, this can also take the form of sarcasm. Take for example Phil's paraphrase of Jeff's "dude on the corner" scheme (mentioned above)—after Jeff confirms that Dr. Phil has it right, the trailer with a desk and a sign sitting in the lot of a corner gas station was a silly idea, Phil retorts with "...I mean, that's the way *I've* always hired professionals. Good thinkin'." Sarcasm can also parody his sensitive side when he then responds to a guest by summing up what they have said, capping it off with his trademark "What were you thinkin'?!". In other instances, the doctor does use more traditional, less critical methods to show that he is listening via good old fashioned paraphrasing. He often follows a paraphrased statement with his trademark, "And how's that workin' for ya?" He also elicits the comments of guests (including in both of the episodes studied for this chapter) by asking, "How am I doin'?" when he feels he has to be extra convincing or has a strong point to get across, as was the case with Brandon's parents when he was telling them that they need to stop being accommodating to their son if they want him to "get free of the drugs."

Dr. Phil's strategic cunning keeps him from giving an uncooperative guest too much leeway. He seems to be an expert at keeping people on topic, which coincidentally—according to Cormier and Cormier on interviewing strategies for counsellors—is a handy skill for a therapist to have. A skill that is equally useful to an interviewer (McLaughlin, 1990). When Dr. Phil asks an open-ended question (i.e., a question requiring more than a 'yes' or 'no' answer) it is quite focussed, and framed in such a way that the speaker can't veer too far off course. If they do, Phil leans forward, puts his hand out, palm facing outwards in a slowing gesture and says, "Yes, but didn't you say in your letter/pre-interview that..." Often too, an open question such as "Why did you do that?" comes along and the guest has already been confronted with how unreasonable their behaviour is and their only defence is to say "I don't know." Then the ball is back in Phil's court and he takes the interview in the direction that he chooses (or in the direction that is scripted). There is no denying that Dr. Phil has the interview skills, partly therapeutic and partly journalistic, to stay in control and keep his show focussed.

Daytime television talk carries on the tradition of the confessional and the talking cure, where the act of speaking to someone else and disclosing personal information is deemed to be healing (Shattuc, 1997). Talk show guests may participate in shows simply for the catharsis or the healing of confessing in public (Grindstaff, 2002: 156). At the same time, people are more likely to confide in a particular show or host, if they believe that the host might have other interests at heart aside from their own. Thus the formula for *Dr. Phil* incorporates a "moral enterprise" as well as a moral ambiguity similar to *Oprah*. Dr. Phil is not too shy to articulate moral or ethical sensibilities:

I'm proud of what I've done. We've been on a year and I truly think that it's the highest and best use of television. I think we're giving people information they can



use in their home, every day for free. And I think it's a good thing to do (Dr. Phillip C. McGraw, quoted in Dembling and Gutierrez, 2004: ix).

Phil McGraw feels he has a calling, which may be deemed moral in the sense that his goal is to teach people, to share information. But Phil does not ever articulate a code of morals or values that one must follow in order to succeed in life, but a code that involves being honest with oneself and others. Moral ambiguity allows for multiple interpretations of Dr. Phil, at least on the level of ideology and morals (Illouz, 2003: 144). Eva Illouz argues that having a "moral enterprise," is what garners Oprah much of her credibility, and I believe this is equally true of Dr. Phil (Illouz, 2003: 59). Financially Oprah does very well, but at the same time she displays a convincing awareness of her social responsibility toward her viewers, a responsibility to make their lives better somehow. Oprah conveys this through her strong yet caring persona. Dr. Phil relies less on self-disclosure, and more on his professional credentials and reputation. He also often reminds guests and audiences that sharing these personal issues can help others too by raising awareness of these private problems and their possible solutions.

From guests' confessions, *Dr. Phil* builds narratives. The guests alone are certainly not responsible for how their story is shaped on television. The show must build narratives that are amusing—whether by being common to many people, incredible or extreme—but which need to be simple enough to be communicated clearly both for entertainment and educational purposes. Dr. Phil shapes narratives partly via the rhetoric, both formal and informal, of the host and partly via production practices. He also builds a system of familiar rhetoric by cultivating pet themes such as weight loss challenges, family finances, adoption issues, teen pregnancy and newlyweds on the rocks.

He tends to validate these thematic choices by grounding them rhetorically, by

invoking the threat of the epidemic. There are the national epidemics of teen pregnancy, drug and alcohol addiction, obesity, and the list goes on. Instead of letting critics use this language to describe him, he pre-empts criticisms by articulating a line of reasoning to back up his choices and does so by using the language employed by critics, a language tinged with fear, scourge and even morality (see for example Abt and Mustazza's, *Coming After Oprah*).<sup>17</sup> Indeed, I believe that the epidemic is a pivotal element of Phil's rhetoric, forming part of the discourse that exists to legitimize his own project, the *Dr. Phil* show. It allows him to concentrate on common problems (such as being overweight, or here, as being overextended financially, or seriously addicted to drugs) and to add a sensational spin. Take, for example, the urgency epidemic rhetoric adds to the beginning pages of his first book, in a section subtitled "The Epidemic:"

You've got a mess on your hands, for sure. You don't need a PhD in behavioural sciences to know that in virtually every dimension of human functioning, America is, in varying degrees, failing [this is accompanied by statistics on divorce, rape, suicide, depression, etc.] (McGraw, 1999: 21).

This choice of words gives urgency to his message while it equates him with M.D.s. There is no question that he feels his help is needed to take on these problems of national proportion.

An integral part of the Dr. Phil formula is the consistency between what he actually tells the guests on his show to do and the advice he gives to the readers of his books. It makes sense to build the show up from the books, as the books fall under the rubric of self-help—the industry that defines itself as the mass distribution of advice, as well as one that tries to reconcile (and not always successfully) the competing objectives

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<sup>17</sup> Abt and Mustazza evoke the epidemics of violence and sex on TV, along with talk shows: "What is interesting, however, is that while most Americans at least acknowledge the dangers of violent and sexual images on television and in the movies, they do not appear to be as concerned with the words and images that make up the world of 'reality-based' talk television" (pg. 18).

of helping and making money. Self-help is both implicit and explicit in the show, as Phil expects his guests to “get real” to help themselves and to inspire the audience at home to do the same. Dr. Phil encapsulates this part of his ideology when he says to Doug and Debbie, “I’m one of these people that believe in prayin’ to God, but at the same time you gotta row for the shore.”

The show’s narrative flow, like every television show’s, is interrupted by commercials. To refresh the audience’s memory after ad breaks, and to keep us interested before ad breaks, Dr. Phil runs pre-taped video clips of the guest he has just dealt with or of the guest who will be on stage following the commercials. These clips are mostly edited together from pre-taped interviews with *Dr. Phil* producers or from footage taken by camera crews in the home, usually providing an example (whether genuine or re-enacted, it is of little consequence here) of the guest’s behaviour under discussion. Thus the episode’s theme is constantly reiterated, and the show can emphasise key points or contradictory behaviours as Dr. Phil chooses. Using this production technique, the show is able to structure the guests’ narratives around whatever points are deemed appropriate. Once they get on-stage with Phil—and this is, according to Dembling and Gutierrez, often the only time the guests meet Phil face-to-face (Dembling and Gutierrez, 2004)—guests have slightly more narrative freedom if they are lucky enough to get an open-ended question from the host. For the most part, the host and the show seem to be in control, but the guests’ performances are still dependant upon a guest’s goodwill.

As the example of “Going for Broke” shows, at the level of the show’s structure the formula is basic and traditional. Dr. Phil begins by addressing the audience and introducing the day’s theme. Next, he introduces his first guest(s). Their interview is

preceded by a pre-taped sequence which usually inter-cuts individual interviews with and unseen producer and footage of the guest(s) in action in their home or wherever their behaviour needs changing. A set of commercials follow. Next, Phil sits on-stage with his guest(s) in long-legged chairs, and chats. Depending on the number of guests on a particular show, there may be another set of clips followed by commercial followed by a continued interview with the same guest, or there will be a set of preview pre-taped clips introducing the next guest(s) followed by a commercial, followed by an introduction to the new guest(s) on-stage briefly. Then we see their pre-taped montage and then they begin their interview with Dr. Phil.

This pattern holds for as many guests as are on the show. Sometimes there are three sets of guests, other times four and from time to time there is a guest expert introduced. For a show with three sets of guests, Phil spends between 10 and 15 minutes on-stage with each set (see the detailed breakdown of one show's timing in Appendix C). This pattern varies only slightly from show to show, excepting special occasions, such as the series of shows about Brandon and his family. Although they still use pre-taped clips to tell the guests' story going into and coming out of commercial breaks, and there are always approximately the same number of breaks for advertising. This all seems very controlled for a therapy session, or more so for just giving advice. But the show must keep up its pace in order to entertain the audience, not bore them, and fit into their 1-hour time slot with advertising (Grindstaff, 2002).

The set of the *Dr. Phil* show is an important element of the show's overall packaging and narrative dynamic, but one that is easily overlooked. No doubt, the set was carefully designed. Instead of *Oprah's* couch or comfy armchairs, *Dr. Phil's* stage is

usually set with tall, bar-height upholstered chairs in a neutral beige colour. My guess is that these high chairs serve not only to add to the comfortable but-not-too-comfortable masculine atmosphere on the stage, but they also physically help to put Dr. Phil and his guests on the same level—Dr. Phil is a large, tall man and his personality alone makes him menacing enough. The chairs make everyone about the same height (handy for two- or three-shots too) and are usually lined up so that Phil and his guests are half facing each other and half facing the audience and cameras. The entire stage is cast in shades of brown, accented with blue screens usually displaying or reflecting the show's logo (see Appendix B, Figure 1).

The choices of colour, lighting, lines and furniture all seem to reflect Phil's persona with an almost textbook precision: strong, wise, confident, masculine. To further the professional impression of the show, audience members are asked to wear only solid colours (Sawchuk, 2005). From the audience perhaps we can guess that we are likely to hear advice that will adhere to these characteristics. Compare, for instance, Figure 1 in Appendix B with the interpretation of the meaning of line taken from an introductory text on television production: "The direction of dominant lines in a picture carries strong connotations. Horizontal lines represent serenity, inactivity and openness; vertical lines are dignified, important and strong; diagonals imply action, imbalance, instability and insecurity" (Burrows, 2001: 205). Notice the prevalence of a mixture of vertical and horizontal lines on the stage in various parts of the backdrop, the chairs, supports for the backdrop, etc., with a marked absence of any remotely diagonal lines. Even Dr. Phil's set reflects his mix of no-nonsense strong opinions and his more relaxed, wise counsellor side. This *mélange* of horizontal and vertical lines on the set mirrors many of the

competing elements of the show and its host's persona: balancing the masculine with the feminine, the bad cop with the good cop, and the exigencies of the entertainment industry with the goals of helpful advice-giving.

### **Packaging Therapy**

What do I mean when I say "Dr. Phil's brand of therapeutic discourse"? I am referring to the sharing of practical advice, but by a man with a PhD in behavioural psychology who must hold the interest of a large national and international audience. I am trying to describe the way the show gives psychology-based advice without calling it therapy, and how it is a particular way of talking about advice-giving on television that also has currency when talking about advice-giving outside of television. It is about how Phil McGraw fits in with and diverges from existing therapeutic discourse (such as that explored by Mimi White in *Tele-Advising*). Even if he is just giving advice, the show still prescribes a particular version of therapy which diverges from the navel-gazing of earlier hybrids of therapy and self-help. How does it do this? The show takes the fun inherent in publicizing the private, especially extreme cases and then "classes it up" by adding at least a veneer of helpfulness while removing hints of human exploitation and questionable ethics. These helping elements are brought about partly by the careful use of Phil's expertise and of video and other media that offer a new point of view to any problem.

The internal logic of the *Dr. Phil* show is governed partly by the idea that any personal information is potentially entertaining and that adding a psychological spin, however superficial, makes anyone's pain entertaining and lessens the guilt in taking pleasure in it. Here, the goals of entertaining and helping are met in the form of the

advice-giving talk show. Audience members learn how one might cope with a given situation, perhaps generalizing the information to apply in their own lives. At the same time, audiences bask in the voyeuristic pleasure of seeing how much worse someone else's problems are, of looking into someone else's private life and being able to pinpoint their errors of judgment or poor choices. This is part of the joy of watching daytime talk shows (see White, 1992; Shattuc, 1997; Manga, 2003).

Dr. Phil slips easily into this sub-genre, and the host's expertise in behavioural psychology—which emphasises quicker fixes than other types of counselling or therapy, such as psychotherapy which can take years to bring about a cure—only lends itself even more to the formal constraints of the quick-paced television genre. Thus the show tends to hold audiences' (well, mine at least) interest for longer, because although we might be seeing three couples who are all in dire financial straits, each case like each individual person in an individualist culture has its own intriguing details. Dr. Phil is excellent at drawing out and highlighting such details and efforts are made to maintain a certain level of variety in the show's content (to make up for the lack of trashy fist fights and the like).

Dr. Phil skilfully employs counselling techniques, interview strategies, and television talk show conventions. Sometimes he uses these together, other times he uses them separately, but at all times he cleverly manoeuvres his communicative skills to create a persona that seems wise, experienced and genuine, a persona that seems trustworthy. He is a capable counsellor who is also a celebrity. To a large degree, he does this through talking and interacting with his guests. In Phil's own words to Brandon's parents, "I feel like I can pretty much convince people of somethin' if I can talk to 'em." But in spite of the host's many powers, Dr. Phil and his staff don't hesitate to use the

televisual technologies at hand to bolster the positions that Phil takes with his guests to help them “get real.” Just being on the show may give them the experience of being outside their own skin. Often, the host draws an on-stage guest’s attention to their own pre-taped segment, using it as a way for them to see themselves from a new, more objective perspective. Also, Phil often tells guests on-air that they will get a tape of their show and that they should watch it over again to help themselves deal with their problem.

For the purposes of *Dr. Phil*, the use of behaviourist therapy (which focuses on concrete or measurable physical reactions and visible behaviours, rather than on abstract interpretations of inner thoughts and feelings as in psychotherapy) and rhetoric already published in his books, the first of which was published at Oprah’s encouragement (Duda, 2004: 54), fulfills entertainment as well as helpfulness goals. Because his books and his show have such similar objectives, and because the daytime talk show is so formula-dependent, it almost risks over-saturating the audience with Dr. Phil’s catch phrases and rules for living, etc. He is so associated with his self-help book’s formulas that journalists Sophia Dembling and Lisa Gutierrez structured part of their unauthorized biography of Dr. Phil around a tongue-in-cheek version of his own “10 Life Laws” (Demblyng et al, 2004).

In further evidence of this union of the entertainment industry and therapy, witness the arms of Dr. Phil’s media empire that branch out from the show. There is a web site for the show which peddles transcripts and tapes of individual shows for U.S. \$7 and \$29.95 respectively. The web site also offers for sale books by Phillip and Jay McGraw, and other novelty items such as T-shirts and mugs bearing the *Dr. Phil* logo. There is also an archive of shows (which has proved an invaluable resource for my



research, available at [www.drphil.com](http://www.drphil.com)), and for each show a brief synopsis which includes a short slide presentation of photo stills.

If you are looking for advice from the doc but have no hope or desire to be on the show, there are sections on the web site for Dr. Phil's pet themes where one can find brief information, quizzes and other self-help-like material to serve in the absence of Dr. Phil. Of course the site also includes an interactive portion, where viewers can go to a chat site and join a discussion on each show as it is aired. People rave about or critique the show, or viewers ask Phil (and the rest of the people in the chat room) for help with a problem related to a recent show. A few times, I have even seen postings by former guests, commenting on their experiences and being invited by other former guests to join a private listserve where they can express their opinions with impunity. In addition to his Web presence, Dr. Phil tours the U.S. and Canada giving inspirational seminars for teachers, leaders and business people.

*Dr. Phil* has its own set of ideals—based on guidelines published in Phil McGraw's books—in its eliciting of confessions, building narratives and packaging therapy, and must express them in its own way: via a formula highlighting spontaneity. Following this formula, *Dr. Phil* contradicts itself, reveals some of its own questionable motives and yet, builds credibility. The show frames itself as a "helping" show in more than one way, including in terms of production techniques, rhetoric and business or marketing techniques. Spontaneity, multi-layered marketing and moral ambiguity serve the goals more oriented toward the entertainment industry. Helpful tips, self-help rhetoric and therapy are neatly fit into the generic talk show formula which then bends to the formal and commercial constraints of the televisual medium.

### CAN A GOOD DAYTIME TALK SHOW HELP BEING USELESS?

The daytime TV changeover from spectacular over-the-top entertainment to more believable and aggressively helpful elements can be followed from *Oprah* to *Dr. Phil*, and possibly beyond. The idea of helping really took off with Oprah and her penchant for giving gifts to guests to ease the conflict in their lives. *Oprah* was far and away the most ambitious in its helping mandate, until *Dr. Phil*. Of course, *Oprah* didn't begin with such an altruistic format, but adjusted itself by trying to make helping entertaining. This adjustment was made, in order to make *Oprah* one of the first shows to quell the complaints of cultural critics and fulfill a mandate of usefulness. But is *Oprah's* version of usefulness necessarily desirable?

The issue of how useful talk shows are or can be has been the basis for most of the debate about them. However, this fully overlooks another dimension important to analysis of the shows—that talk show ought to be considered precisely for their 'uselessness' (Manga, 2003:201).

And how is one to judge definitively what viewers can and cannot use? I think *Dr. Phil* still manages to hold to a claim of "uselessness," more so than *Oprah*, in the sense that there is still something unnecessarily voyeuristic in its delving into personal lives on national television. And this can work in the show's favour in terms of entertainment value. Also, although some critics still judge these newer talk shows negatively, it seems now to be socially acceptable to watch a talk show just to be entertained. In fact, Julie Engel Manga argues in her book *Talking Trash* that trashiness and uselessness may not always be one and the same thing.

*Dr. Phil* is the logical culmination of therapeutic discourse and self-improvement on television precisely because he explicitly marries fun and learning, touted in *Sesame Street*-type situations as brilliant pedagogical techniques, but which are considered

dangerous when it comes to discourses surrounding the daytime TV talk show as public forum or educational tool. Either you are getting useful info, or you are being entertained and rarely is it accepted in the current critical climate that the twain meet in talk shows, without inflicting serious consequences on the minds of audiences and thus on society at large. Until recently, fuel for criticisms seem to have been gleaned from generalized surveys of talk shows or have focussed in-depth primarily on *Oprah*.

The *Dr. Phil* brand of therapeutic discourse is driven by the dialectic energy between entertaining and helping, between the contradictory tendencies towards trash and the dispensing useful advice. *Dr. Phil* achieves this balance by employing communication tactics that emphasise the helping/trashy dialectic implicit in both therapeutic discourse and self-help. Only thus can the show maintain its image, remaining worthy of status as a daytime talk show and worthy to be considered a form of counselling/life advice with a view to encouraging guests and audience to look at their own problems through new eyes. *Dr. Phil* is the perfect answer to talk show critics' complaints: it finds a middle ground between trashy spectacle and pure information without sacrificing ratings.<sup>18</sup>

In this chapter, I have sketched the discourse of televisual therapy that circulates through the communication tactics on the *Dr. Phil* show, demonstrating that it leans heavily on blending helping and entertaining while simultaneously depending on an implicit dichotomy where the two are understood as opposites. By looking at these elements of the show, we see how the *Dr. Phil* show marks a break in talk show trends: a

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<sup>18</sup> A relatively typical performance for *Dr. Phil* when compared to other syndicated shows in all time slots is the show's showing for the week of November 8-14 2004, where it ranks 10<sup>th</sup>, Oprah ranks 2<sup>nd</sup> and they are the only talk shows in the top ten (source: *tv.zap2it.com*, based on data collected by Neilson Media Research).

swing of the metaphorical pendulum signalling the beginning of a new turn in daytime television talk that is linked to therapeutic discourse as well as to self-help culture. In the next chapter I will follow the pendulum toward the therapeutic, helping side of the talk show. Making this move to unpack the chief tension of *Dr. Phil*'s helping goal, which highlights the relations between self and other, will lead to an exploration of the role of the show's values and politics, or lack thereof, via Dr. Phil's brand of therapy.

## CHAPTER 4

### EVERYONE IS AN ISLAND, BUT NO ONE IS AN ISLAND: SELF-HELP BECOMES FAMILY HELP

The tension between helping and entertaining exemplified by the *Dr. Phil* show is indeed a complex one. It surfaces in every aspect of the show and in many aspects of self-help culture in general. Now that I have tried to address how this helping/entertaining dynamic operates, I would like to focus on an aspect of *Dr. Phil*'s helping mandate by focussing on some of the conflicts and complements between self-help and family help, two types of "helping" offered by the Phillip C. McGraw popular cultural machine. It does not seem a foregone conclusion that an individual and a family cannot be helped at the same time. Self and family help do not necessarily contradict one another. But it does not follow that they always go hand in hand either. The two kinds of helping offered by *Dr. Phil* bring up practical, political and epistemological tensions on the levels of talk show content, the host's performance, and his claims to expertise and authority.

Dr. Phil uses his status as a self-help guru to get on his soap box and not only talk about ways to cultivate a healthy, functional self but a healthy, functional family. Specifically, he is focussing on moulding healthy, functional 'American' families. By branching out to the family and making its health his project, Dr. Phil could be risking his authority and popularity as both talk show host and self-help guru. Can Dr. Phil still be offering self-help if he is focusing on helping families and couples to communicate better? McGraw has several pet topics—those he tends to publish books about—but since the inception of his talk show, the family has been a special focus. And this crusade seems to serve both moral and material ends. Helping families to function better is one way to cure the plague of national epidemics (such as drug addiction, divorce, etc.) that

have been unleashed in the U.S. according to Dr. Phil.

The question that will focus my inquiry in this chapter is: What is the nature of the tension between self and family as both subject and object of healing or helping on *Dr. Phil*? McGraw, the talk show he hosts, and his niche within the culture of self-help have made a bold, concerted effort to make the family a legitimate focus of his self-help work. Is this effort motivated by politics or by morals or by general values? In any case, answering this question will require delving into the political and moral implications of these actions.

#### **DR. PHIL GOES TO WASHINGTON**

What are the implications of *Dr. Phil* broadening its purview to issues concerning the family? The show lands interviews with both presidential candidates where they discuss their family lives, for one. Yes, *Dr. Phil* is now an official stop on the campaign trail. Recently, while campaigning for the 2004 presidential election, the incumbent George W. Bush along with his wife Laura Bush, and the challenger John Kerry along with his wife Teresa Heinz-Kerry, appeared on the *Dr. Phil* show. One episode was dedicated to interviewing the Bushes at their Texas ranch and another episode was given to interviewing the Kerrys at their home in Boston. Dr. Phil brought his wife Robin and his cameras into the homes of each presidential couple to discuss their views on marriage, family and parenting.

Now, why were two such busy couples willing to expose themselves to a talk show host for a frank discussion of their family values, especially when there are such pressing political issues to debate such as the war in Iraq, the national deficit, the threat of terrorism, etc.? Is this evidence of a contemporary manifestation of the phrase coined by Carol Hanisch, "the personal is political"? Although presidential candidates have been

known to appear on talk shows, never before have two candidates subjected themselves to interviews quite like this. Most thinkers cite the precedent for talk show appearances as being set by Bill Clinton<sup>19</sup> in 1992 when he appeared on the late night *Arsenio Hall* show playing his saxophone (Baum, forthcoming 2005: 1). Since then, presidential candidates have appeared on all kinds of talk shows from early morning to late night. Matthew Baum argues that these talk show appearances are multiplying and becoming more central to campaign strategies. During the 2000 presidential campaign, for instance, candidates chatted with Oprah, Rosie, Regis, Leno and Letterman.

There are several reasons for this shift but mainly, appearing on talk shows at all hours of the day gives candidates exposure to a wider audience. Matthew Baum argues,

As TV viewers are offered an ever-expanding variety of programming alternatives, politicians confront a fundamental paradigm shift. No longer can they merely send out a broadcast signal and, in effect, wait for the audience to come to them. Rather, candidates must increasingly seek out an audience. This, in turn, requires re-packaging their messages into forms appealing to a populace with little patience for politics, and then moving those revamped messages to where the target audiences have relocated. (Baum, 2005 forthcoming: 4).

In order for candidates to solicit votes then, talk show appearances seem inevitable in a culture where entertainment outlets are so ubiquitous that audiences may pick and choose where to focus their attention. But appearing on *Dr. Phil* opens up another can of worms. Because not only is *Dr. Phil* about entertainment, the show works through personal problems and helps guests. *Dr. Phil* is about giving advice.

How is it that intimate interviews with such serious, worldly men and women fit into the mandate of the *Dr. Phil* show? Firstly, they both have families. But this question is best answered by Dr. Phil himself in his introduction to the interview with the Kerrys: “You can’t be one kind of man, and another kind of president.” In the word “man” he

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<sup>19</sup> According to Matthew Baum, Clinton was riffing on Richard Nixon who performed a piano solo on *The*

could be including father, worker, husband, friend, etc. This is the type of logic that brings presidential candidates to discuss their private, family lives on a daytime talk show. Being familiar with a presidential candidate's stand on public policy is not enough—we need to know what kind of person he or she is in real life.<sup>20</sup> And how better to do this than by inquiring into their actions in family life. But do the conditions surrounding the 2004 presidential election really relate to the tensions between the individual self and the family on *Dr. Phil*? Indeed, several significant threads of discussion follow from the presidential candidates' appearances with their wives.

#### THE PERSONAL AND THE PRIVATE

What is the nature of private and public affairs in mass mediated therapeutic discourse? In other words, do self and family help share the same status in the private sphere? Is it the therapeutic atmosphere that makes it okay to expose a whole family to public scrutiny? In the third chapter of this thesis, I wrote that I was not interested in Dr. Phil's politics or the way all things political are or are not addressed on the talk show. For Chapter 3, this was true. But in the time since I wrote those words there has been a U.S. presidential election where even Dr. Phil had a part to play. In an appearance on *Larry King Live* after his interviews with the candidates had aired, Dr. Phil answered a question about his own political allegiances. He stated that he had interviewed both candidates with a view to letting his audience dare to compare and make their own choices as voters. It is true; to the best of my knowledge, at no time during either show did McGraw literally encourage people to vote one way or another. Indeed, the show made a concerted effort (it seems to me) to give positive feedback about both the incumbent and the

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*Tonight Show* three decades earlier (Baum, 2005: 1).

<sup>20</sup> I use inclusive language here out of stubborn optimism.



challenger. In Robin and Phil's preamble and wrap-up to each interview, they were very complimentary of both campaigning couples. Robin and Phil used adjectives such as "wise," "down-to-earth," "real," or "natural" to describe the campaigning couples, for example.

Numerous media reports analysing 2004 election exit polls claim that the U.S. has always been a religious nation, or at least a moral one, and has some history of electing presidents with firmly articulated religious convictions (Gibbs et al., 2004; *Economist*, 2004). Moreover, this need for clear religious and/or moral conviction to influence matters of national policy seems to be more and more in demand. James Forbes encapsulates this idea and implies that the need for spiritual or theological belief may be more general when he states that: "In times of national crises, everyone welcomes a theologian of sorts" (quoted in Bernstein, 2004).

Journalists and pundits insist that it was the "moral" vote that tipped the balance in this 2004 election—moral voters being affiliated with mostly conservative Christian sects concerned with 'family values.' Whether this is actually true or not, there can be no doubt that personal moral and religious values played roles in both candidates' campaigns. Witness the fact that both found themselves on *Dr. Phil* discussing their family values. Religion, values and morality can be related, but the rhetoric around this election seems to naturalize this relationship.

Dr. Phil might be categorized as a crusader or evangelizer for the cause of good mental health. This season in particular he has made the health of the "American family" his particular focus. If the goal for the United States as a nation is good mental health (Moskowitz, 2001), what better way to evaluate a presidential candidate's fitness for

office than by evaluating his personal life and practices? This interrogation of a candidate's personal motives and more general personal information has been noted by more than one commentator. Here is Bill Maher's take on the circulation of personal information on public personalities:

What are we looking for these days from a candidate? Competence? Leadership? Ideas? No, we want to know how they feel. Thinking? Leave that to the Europeans. I want to know: Does George Bush cry at the end of Charlotte's Web when he listens to the book on tape, and how did John Edwards meet his wife, and who's a cat person and who's a dog person? Oh wait, that's right, I don't wanna know insipid nonsense like that. (Maher, 2004).

The exposure of personal, once-private information grows ubiquitous (Moskowitz, 2001: 279). We can be more familiar than ever with the minutiae of a stranger's life. Critics like Maher question the relevance of these personal details, while they are absorbed into the atmosphere of popular culture. Perhaps it is in a gambit to connect with voters that presidents and candidates begin to expose more of their personal lives. It seems harmless enough. But fans, who may now be equated with voters, always crave more.

How a candidate behaves in his or her private life must have some bearing on how she or he will perform in the most sacred of national offices. The president should provide a good moral example. At least, this seems to be the dominant cultural wisdom. After all, is the U.S. population not an extension of the president's own family? This type of metaphor is not uncommon in the U.S., but it is only a metaphor. Obviously, how George W. and Laura Bush disciplined their daughter for sticking her tongue out at the press (according to *Dr. Phil* they were quite lenient) has nothing to do with how he chooses to react to terrorist attacks on U.S. soil. Does it?

Activist and Christian minister Jim Wallis eloquently raises the debate over the proper time and place to share personal and political opinions—and when religion should

fall into one or the other of these categories—in numerous articles and editorials. He challenges the notion that political and personal opinions should be kept separate from one another, and that one small group of leaders can have the authority to define important moral and/or religious issues for an entire nation.

God is always personal, but never private. The Democrats are wrong to restrict religion to private space. And the Republicans are wrong to narrow religion to only individual moral choices and sexual ethics. Right now, the Religious Right is poised to hijack both morality and God in this important election. That would be both a moral and political tragedy. But the answer to bad religion is not secularism, but better religion. (Wallis, Feb. 2004).

Wallis argues that issues such as poverty and an “unjust” war may be more important to some than fighting about the legality of abortion or same-sex marriage. Note the distinction Wallis makes between “personal” and “private.” The personal is political and the private should not be dredged up in public. But is therapy like or unlike God? When is it helpful to bring personal problems related to self or family into the limelight? The nation may be focussed upon moral leadership or be looking for a leader with deeply held religious convictions. Thus people who wish to get personal with their leaders may have a point. There must be some relevance of a public figure’s personal views upon his or her office, but this may not be true of a public figure’s private views. Is therapy always private or sometimes just personal, like politics?

#### ***Dr. Phil in the Intimate Public Sphere***

That two U.S. presidential candidates would find themselves confessing their parenting errors and exposing their parenting practices while on the campaign trail seems unusual, but is not wholly incongruous with the workings of the U.S. political machine. In *The Queen of America Goes to Washington City*, Lauren Berlant points to ways in which private or personal issues become fodder for national debate. In her introduction, she writes about national political preoccupations with topics such as family values,

abortion, sexuality, pornography, etc. She questions traditional understandings of what is public and what is private in relation to these topics: "These issues do not arise as private concerns: they are key to debates about what 'America' stands for, and are deemed vital to defining how citizens should act" (Berlant, 1997: 1). In her analysis, Berlant claims that this public dialogue about private concerns was reinforced and cultivated by conservative forces during the Reagan years. She argues that there was an emerging political sphere where people on society's margins would be able to speak and be heard. Conservative forces turned this potential critical energy into "an amorphous opinion culture, characterized by strong patriotic identification mixed with feelings of practical and political powerlessness" (Berlant, 1997: 3). Possibilities to speak still exist, but they are carefully contained within the spheres of opinion and individual narrative.

Is the talk show an example of this possibility or of the disempowering circularity of what Lauren Berlant terms "opinion culture?" Following Berlant, the nationally syndicated talk show seems to be a typical site for intimate issues to be publicly discussed and relegated into an abyss of perpetual debate; but a breeding ground for displays of patriotic citizenship. Talk shows are public windows into private worlds that show the nation examples of *real* citizens. If this is so, then it stands to reason that in order to become good citizens in the eyes of those who circulate within this sphere, it is paramount for politicians to articulate values and situate themselves within the family, in order to be recognized as proper citizens.

In place of a public sphere, what the U.S. is left with is what Berlant labels an "intimate public sphere" where many things are often debated, but little is resolved in such a way that leads to progress or change.

[T]he intimate public sphere of the U.S. present tense renders citizenship as a condition of social membership produced by personal acts and values, especially acts originating in or directed toward the family sphere. No longer valuing personhood as something directed toward public life, contemporary nationalist ideology recognizes a public good only in a particularly constricted nation of simultaneously lived private worlds” (Berlant, 1997: 5).

To be recognized as a citizen, as a member of the community then, one should concentrate on their private lives and their personal choices and what sorts of personal beliefs these choices might reflect. Talk shows like and unlike *Dr. Phil* are guilty of propagating this sphere. Blending self and family help allows Dr. Phil to appeal to this sense of patriotism, where public good comes from sharing glimpses of people’s private family worlds.

#### **DR. PHIL GAINS MORAL AUTHORITY**

One of the threads following from Dr. Phil’s presidential interviews leads to the simple difference between the individual and the family and how they are addressed by the talk show genre. Would Dr. Phil have landed interviews with the presidential candidates at all, had he not been planning to focus on their roles as fathers and husbands and nothing else? What if he were to ask Kerry about his Vietnam or post-Vietnam experience? Or if he were to ask George W. Bush about his past battles with substance abuse? Is there a difference between the way *Dr. Phil* deals with selves and with families? If there is a difference, what might be some of the consequences of trying to blend the two kinds of helping?

Via television, therapeutic discourse has given us—performers, viewers and thinkers alike—many ways to think about and identify with a myriad of subject positions. Viewers can be voyeurs, confessors, experts, or audience. Dr. Phil can be a host, a psychologist, a guru, a dad, a husband, etc. But as a celebrity and a talk show host in the

public eye, Dr. Phil is, more generally, a leader. And as part of the evolution from trash to class dictated by popular talk show trends, he must be a leader with a moral message, or at least tread a thin line between endorsing and neglecting one. But is a therapist supposed to have a moral message? A moral mission, yes. One hopes that those who go into the caring professions do so because they have an inclination to make people's lives better. On the other hand, a talk show host is required to maintain at least a tenuous link to moral value in order to justify his or her conduct. Jerry Springer, for example, ends every show with his "Final Thought" to give the show's events some token moral grounding (Grindstaff, 2002: 216). Dr. Phil emphasises and tries to solve tensions between self-help and family help, in order to draw attention to the importance not only of having a good relationship with oneself, but having a good relationship with others.

A talk show host's personal values, beliefs, politics, and so forth, are more likely to be common knowledge. A counsellor is a detached, experienced listener. A talk show host has a more personal relationship with her or his guests and audience. The television talk show serves on some level as a morality play (Shattuc, 1997). *Oprah* and then *Dr. Phil* turn the inherent morality of the talk show to different ends, although both take moral and ethical conduct more seriously than other talk shows. It is not only the guests' actions that are subject to scrutiny, but the hosts' actions as well. They must demonstrate their own moral character through their performances. As a result, they bring more overt moral values to their shows and have more challenges in avoiding partisan declarations of their political or religious views, which might alienate viewers who do not agree with them.

### **Representing the Ideal Family**

In the previous chapter it was noted that talk shows give people freedom to travel between different social roles. But one set of roles which it becomes more complicated to travel between are the roles of self and family member. Indeed, the show cashes in on that moment where a guest's self-contradiction is exposed and Dr. Phil uncovers the one behaviour that is okay for the self but destructive within the family context.

Perhaps the most noteworthy of the show's achievements, is how *Dr. Phil* represents the incorporation of the family into self-help culture using the conventions of Oprah's talk show morality. Ultimately, *Dr. Phil* deflects some charges of the self-interested self-help guru via this creation and diffusion of tensions associated with debates surrounding the care of self and other, by invoking a self-help that focuses on the individual *within* the family. This tension is the key to contradictions and resolutions that allow the show status as "helping," as well as to legitimating its content in the eyes of those who tend to be critical of self-help. Dr. Phil's brand of self-help attempts to give "self" a family sense—getting advice to help your family yourself, or if you're lucky getting Dr. Phil to start the ball rolling for you. The tension between self and family help brings Dr. Phil moral authority, or at least allows him to appeal to it more directly. This also brings the show closer to sharing the intimate public sphere, ensuring that even if its own politics of seeming neutrality are exposed, it will be locked in the circularity of opinion culture.

On *Dr. Phil*, the types of problems addressed tend to be family-oriented and arise from daily mundane activities. Part of the show's rhetoric is to frame every guest, celebrity or not, as an everyday person with everyday problems that many people have experienced and can relate to. "Real" is a keyword on *Dr. Phil*. The show does not exist

to exacerbate emotional conflicts or to blow things out of proportion; it exists to begin the diffusion of interpersonal tensions, and to show viewers ways in which they might in turn diffuse similar situations or begin to seek help. Usually, this leads to an emphasis on improving communication between family members. Such a focus on an everyday aspect of life would make it seem irresponsible for Phil to ignore the people involved in everyday interactions of the show's viewers.

For example, in the show on "Critical Mates" Phil advises newlyweds Tara and Jeremy. Jeremy is unusually inflexible and insists that Tara do everything his way, including how she folds his socks. The couple are clearly not communicating well, as Jeremy seems cold and Tara is in tears or close to them for the entire time she is on stage. Dr. Phil tries to show Jeremy that he brings a lot of personal baggage into the relationship, unfairly venting frustration on his wife who seems quite passive. He recommends that the couple pursue marriage counselling, that Jeremy deal with some of his own issues, and that Tara seriously evaluate why she puts up with Jeremy's unreasonable behaviour. In Dr. Phil's closing remarks, he iterates that we are each responsible for teaching other people how to treat us, echoing verbatim Life Law number 8: "We teach people how to treat us" (McGraw, 1999). He is implying that this is the work that Tara and other spouses on the show need to undertake to help improve their own situations.<sup>21</sup>

In this example—and I have seen many others—Dr. Phil places responsibility on each individual involved, while giving them co-responsibility for their marriage or for their family. Almost invariably, when a married couple come on the show with a problem

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<sup>21</sup> Dr. Phil's criticism of Tara as too meek does not seem to be dictated by gender, as on the same show we meet Jennifer and Kenton where the roles are reversed; Jennifer is hyper-critical of a competent Kenton.



(or more often, problems) the host makes it clear that although the difficulties may seem to have their source in one partner's behaviour, both are responsible to one another for support and sensitivity. Yes, you need to know your self and take care of your self, but you also need to take care of your family. You owe it to yourself to look out for and be sensitive to the people around you. But even Dr. Phil's practical-enlightened view of self-empowerment has its limits.

By including the family, the focus is shifted from just the individual, to the self and selves within a small family unit. The point of view expands from seeing the needs of an individual to seeing the needs of a very specialized, small community. The inclusion of family issues in McGraw's self-help repertoire serves as a corrective to some criticisms of therapeutic culture and self-help without getting too political or too complicated. It is a way of encouraging people to share responsibility for one another's well-being within the family unit. Of course, this is the ideal. It does not always work out, especially if you don't have a mediator like Dr. Phil to point out everyone's false perceptions. But *Dr. Phil* is not concerned with every story, only with the stories which it chooses to represent. The role of family in a daytime talk show espousing self-help culture is different than the role of the individual self. It seems that when family becomes a key issue the show gains some moral authority, so long as it convincingly fulfills its mandate of helping.

#### **UPHOLDING THE "GOODNESS" OF DR. PHIL'S MANDATE**

A second thread I would like to follow from Dr. Phil's 2004 election interviews, regards the different sets of rules that might apply to helping individuals and helping families. Are the ethical concerns for healing selves the same as those for dealing with

families? As noted several times in this thesis, both daytime talk shows and self-help tend to personal problems, offering self-administered solutions and encouraging folks to focus on their “inner” lives (Simonds, 1992). Meanwhile, there is a world of social and cultural systems beyond the individual self which never gets addressed as either helpful or problematic. Dr. Phil talks about cultivating healthy American families, not just selves. The narcissistic navel-gazing that self-help is supposed to espouse is avoided. Indeed, to television, family *is* society (Berlant, 1997: 50). Thus, McGraw rarely looks outside the family sphere for causes (and therefore, possible solutions) to people’s problems.

To convince viewers that he is sincere, he must demonstrate that his show’s goals intend to do good and that he is capable of doing good himself. Recall, for instance, Dr. Phil’s “10 Life Laws” mentioned in the first chapter of this thesis, or other concrete activities and lists of strategies which he publishes in books, on his website or shares in bits and pieces on his show. Not only does it claim to do good for guests, but also for viewers and thus, the larger society. To this end, the show must appeal to a set of rules that dictate good and bad which appeals to a large portion of television viewers. The set of rules the show appeals to are unfailingly popular: those of patriotic citizenship. *Dr. Phil*’s focus on putting the American family first—even before the self—essentially argues that better citizens will result from better, healthier family environments (Berlant, 1997). *Dr. Phil*’s is a therapeutic project of national proportions.

In his first self-help volume *Life Strategies*, McGraw wastes no time in rhetorically aligning himself with the “good” self-help gurus, the civic-minded individuals who put their fellow citizens’ well-being ahead of the bottom line.

Consider too the ‘self-empowerment’ industry that dominates our culture. It has really very little to do with empowerment and lots to do with somebody else’s

bottom line. It is largely unfocused, lazy, gimmicky, politically correct, and above all, marketable, often at the expense of truth. The gurus seem to have everything but verbs in their sentences. You're trying to pay the rent and get your kids to go to college instead of jail, and they want you to play with your inner this or your inner that or yourself; perhaps a poor choice of words, but appropriate (McGraw, 1999: 23).

Dr. Phil won't take excuses, especially those couched in official psychological terms. Indeed, it seems that when Dr. Phil compares himself to contemporaries of his genre in the above quote, he is placing himself in a class alone. Dr. Phil is not part of the dominant industry ruled by the bottom line. Dr. Phil is on the side of truth, and not just grand philosophical truth, but practical *everyday* truth. Dr. Phil is so full of missionary zeal he must spread the therapeutic gospel that puts family first. What is not overtly declared is that the show holds up a certain ideal family for viewers and guests to aspire to.

Make no mistake: Dr. Phil is perpetuating a particular vision of the "traditional American family." The host tends to deal with people who disrupt this vision in ways that will encourage them to join the flock, to adhere to the show's conception of a healthy family life or keep them out of family life altogether. But this conception of family is based on honesty, open communication and commitment to treating one another with respect, rather than having a legal, religious or moral basis. Think of the intervention show as an example of this: Dr. Phil is helping a man and woman and their two children to bring one of their other children back into the fold. In this case, Dr. McGraw labels his project as one of saving Brandon's life, which is admirable. But the idea that viewers are seeing broken families that need repairing is a recurring theme in this episode, in "Going for Broke" and in almost every other episode I have seen. Although I have seen guests who are African American, Hispanic and of mixed race, the vast majority seem to be Caucasian. Perhaps this is due to the inevitable culture and value clashes that would

occur if Phil were to counsel families whose traditions and culture differ from his own (Cormier and Hackney, 1999), or to the show's cultivating its image as middle to upper-middle class. It is vital to acknowledge that *Dr. Phil* labels deviance and normalcy where the family is concerned and that this "normal" and "deviant" are not only dictated by psychological science or the doctor's discretion, but are also culturally bound.

#### **THERAPEUTIC DISCOURSE: KEEPING IT REAL WITH DR. PHIL**

Mimi White's writings on television, therapeutic discourse and social subjectivity are similar to Berlant's theory of the intimate public sphere in several ways. Somewhere along the line, individuals experiment with their subjectivity while they participate in talk shows or television audiences. What would traditionally be spheres of the private or public are collapsed, via therapeutic discourse. Berlant is concerned with the overall cultural phenomenon, while White discusses one specific instance of this phenomenon. According to White, televisual therapeutic discourse is special because it affords opportunities for viewers and participants to move in and out of different roles.

This is perhaps, best evidenced in reality-based television shows, a genre within which Mimi White includes the daytime television talk show. The premise, not only of Dr. Phil's show, but of his brand of therapy, is *reality*. He tells people to "get real." The goal of this therapy is to help people to understand that reality is however we perceive it, yet there are constructive ways of acknowledging perception and destructive ways of ignoring it. The Dr. Phil families we see on T.V. are real families. They have the kinds of problems, therefore, that real families have. Audiences can easily identify with Phil, as the wise outsider with enough perspective to make sense of emotional messes, and with the guests, whose problems are real, and possibly even common. Of course guests often

exemplify extreme cases and their interviews are directed, scripted, and then edited down for clarity. But as Dr. Phil often points out, the implication is that real people watching Dr. Phil learn something because he is telling stories through real people on his show, teaching them communication and coping skills that are therefore relevant to real viewers at home.

For Mimi White, the mobility between roles and identifications facilitated by television is redefining therapy itself. "Through these reconstructions, television offers new formations of individual and social subjectivity, displacing the modernist therapeutic project, recasting conventions of social decorum, and transforming conventional distinctions between private and public spheres" (White, 2002: 314). Therapy itself becomes therapeutic discourse: the virtual negotiation of social roles.

As with Berlant, this process involves mixing the private and the public. But White's ideas revolve around the ways that therapeutic discourse is changing how individuals negotiate the public sphere, and in the end she brings these changes around to bear on the question of how we come to understand what is "real:"

Engaging in these programs [that use confessional practices...] is facilitated by the availability of multiple and mobile positions for speaking and listening and by the performative opportunities afforded. [...] This produces social subjectivity as the product of discursive negotiation and management via technologically mediated confessional processes rather than through anything like individual analysis focused on any one person; real people are construed as technological and discursive networked entities of these new therapeutic procedures" (White, 2002: 318).

Therapeutic discourse puts people into society using technology, virtually. But the virtual is presented as real. People do not relate to one another face-to-face. They can best identify with one another, based on personal experiences and sharing personal experiences in various narrative forms. Thus, the question begging to be asked: Is the talk show redefining reality? Perhaps putting the presidential candidates into this type of

discourse is an effort to make them not only noticed by people who tend to eschew awareness of current affairs, but to make the candidate more “real.”

*Dr. Phil*’s interviews with presidential candidates can be related to the central question of my thesis in this relationship between culture and therapy. In both cases, it sometimes seems that the part will become the whole. An analysis of the recent presidential campaign’s emphasis on candidates’ moral and religious values is related to the ubiquity of therapeutic discourse in contemporary culture. In this campaign in particular, religious and moral values were equated, often articulated, and deemed key to the election’s outcome. Religion could not be invoked without mentioning its secular counterpart, morality. But people in the U.S. generally seem to be looking for one or the other (if not both). This equation of religious and moral belief, and the apparent public acceptance of this gesture, signifies a public fascination with personal and private disclosure. The turn to morality, religion and therapy marks an epistemological shift from tangible science to intangible belief.

Here we see the necessity and the nature of *Dr. Phil*’s version of moral authority. He is a secular evangelist who spreads the gospel of his particular brand of therapy and of national mental health. Is this formula of leading individuals through trying life difficulties via television unique, or is this a trend in U.S. culture in general? Has the influence of therapeutic discourse got such long arms that they now encircle even the most sacred of all public spheres (if one is to believe the media), U.S. national politics?

Yes, guests on *Dr. Phil* have problems. *Dr. Phil* does not let them get away with blaming others for their difficulties, nor does he encourage them to get too deeply involved in their own inner thoughts. But rarely on the show or in his books does *Dr. Phil*

put responsibility on larger social structures. There is certainly no incitement to write your congressperson or interrogate your community leader's performance if you are too poor to afford drug rehabilitation or counselling for your child, or too busy working three jobs to spend quality time with your kids. Thanks to Dr. Phil, we may recognize when therapy is needed and even have some of the wherewithal to give people or ourselves useful advice when times get rough. But what do we learn about the root causes of these problems that lie outside of the nuclear family?

The show makes an effort to supply people with the tools to recognize problems, and to decide whether or not they can be solved. Dr. Phil thus expresses his values and ethic by this example. He does not push a particular political ideology or religious set of rules. Instead, he preaches the gospel of cognitive behavioural psychology which allows him to occupy a middle ground between the pull toward conservative 'family values' morality and spectacular abuse or exploitation for the selfish purposes of entertainment. This mirrors the tensions in his advice giving between the good of self and the good of family. Thus I have another set of tensions to add to my list. To bring my thoughts to a close in the next chapter, I will enumerate this list of tensions in order to better understand the show and my own make sense of my own confessions about watching it.

## CHAPTER 5: CONCLUSION

### HOW TO PERFORM ON DAYTIME TV IF YOU'RE A PROFESSIONAL

Building on the four years of popular guest spots he had on *Oprah*, Dr. Phil has effectively succeeded as a solo act. Now in its third season, his show still enjoys some of the highest ratings on daytime television. He advises guests with all kinds of problems: marital, financial, racial, interpersonal, and so on. He even gave potty-training tips to celebrity parents in his September 2004 prime-time special. His victory is certain. Dr. Phil has millions confessing that they need a little professional advice now and then.

And now that I have written four chapters about self-help, talk shows and therapeutic discourse, it is time for me to make my own confession: I cannot hate Dr. Phil. I have several friends, also graduate students, who have admitted to me that Dr. Phil is their “guilty secret.” As a sometime user of self-help myself and as a semi-responsible observer of self-help culture, I decided to give his talk show a chance. In spite of these endorsements however, I sat down to watch *Dr. Phil*, planning to dislike what I saw. Nevertheless, I was curious to find out why so many people dig the doctor, and why they might be afraid to share this with others.

### THE YIN AND YANG OF DR. PHIL

What could I have against Dr. Phil? He marshals a power that I find frightening, and I did not trust him to wield it responsibly. There is nothing radical about Dr. Phil's show. He tends to invite guests who are firmly middle class, often white—though not always—and fitting the normative U.S. conception of the traditional family (wife, husband and child or children). On the surface, the show's content tends toward a level of conservatism and usually excludes alternative conceptions of the family. Indeed, almost



every aspect of *Dr. Phil* can be seen as conservative or, depending on one's point of view, reactionary. Dr. Phil is, at heart, a self-help guru. For the self-help guru, the personal eclipses the political. But this is only a part of the myriad ideological implications of the choices that shape the show.

How could the doctor begin to garner the goodwill of the public and of a sceptic, like me? To find an answer to this question, in this chapter I will reprise some of the tensions elicited by performances on *Dr. Phil* and examine how these tensions play out, compelling me as a sometime viewer to enjoy watching. The moments of potential conflict that I will identify are particular to a show that provides spectacle with a veneer of propriety. The reason, I will argue, that Phil McGraw and his show are appealing (or not totally repugnant, in my case) is that the show itself is guided and shaped by master tensions that are constantly being negotiated and renegotiated in elusive but intriguing ways. How does he navigate these tensions while keeping my interest and convincing me that he might actually do some good, or at least not do any harm? This discussion will be structured around three relationships; between speaker and listener positions, between exploitation and therapy, and between theory and experience.

#### WHAT'S NOT TO HATE?

To begin, I want to remind my readers of my use of the term 'tension,' borrowed from Wendy Simonds as defined in the first chapter of this thesis, where she understands tension in terms of "tests" as on *Donahue*, where the test is to cultivate conflict but keep the audience on the host's side. The test on Dr. Phil's show is subtly different: to entertain the audience with his sharp tongue without alienating them or his guests. The key idea is that these are recurring conflicts where keeping track of winners or losers may

not be important, and may indeed be just plain impossible. What is most interesting is the nature of the conflict being played out.

This brings me to the first area of tension I would like to explore, which involves how Dr. Phil performs the everyday roles of speaker and listener. As his is a daytime television talk show, everyone is performing for the cameras; the guests who tell their stories and whose stories are told, Dr. Phil who listens, facilitates and gives advice, and the studio audiences who listen and react. Everyone has roles to fill. As one cannot speak and listen at the same time, people alternate between being speakers or listeners—the control of speaking being typically masculine and listening being feminine—and more often than not, the host is in control of this play. However, mobility between roles does not denote total freedom.

In this context the inclusion—even the promotion—of transgressive speech serves as a strategy of containment, confining it within the networks of confessional discourse and consumerism at the centre of these programs. But the production of meaning and of subjectivity is constantly renegotiated, a process exacerbated by the daily renarrativization of these shows. The very strategies of discourse that work to secure and regulate subjectivity are the very means for expressing and recognizing social transgression (White, 1992: 81).

As Mimi White suggests, at different times different people are implicated as subjects of the talk show. And not all kinds of speech are acceptable. But the individual who gets by far the biggest share of camera time and whose voice overpowers the rest is still the host, Dr. Phil.

In their essay “Survivor Discourses: Transgression or Recuperation,” Linda Alcoff and Laura Gray look at how confessional discourse on talk shows shapes the stories told by women about their experiences of being raped. *Dr. Phil* rarely treats a topic so volatile as rape, but what Alcoff and Gray say about consuming these narratives and the way survivors’ stories are contained by hosts on talk shows can apply to the

stories shared by dissatisfied wives and overweight teenagers. Alcott and Gray sum up the host's control of the talk show spectacle nicely when they write:

Uncontainable emotional outbursts may threaten to disrupt the smooth flow of patriarchal commerce. When survivors' emotional displays are carefully packaged into media commodities to boost rating or sell magazines, their impact has been used to serve the means of commodity capital (Alcott and Gray, 1993: 286).

Dr. Phil's controlling voice thus contains his guests', and does indeed seem to be carefully packaged. His direction of the play between who speaks and who observes is indicative of the 'tough guy/sensitive guy' tension. Dr. Phil is a man who is operating in a typically feminine sphere: discussing family relations on daytime television. He must allow guests to speak, and allow himself to listen without letting others' speech get out of his control—a difficult and sometimes impossible task.

At this point, it makes sense to problematize my use of the terms 'masculine' and 'feminine.' In *Technologies of Gender* Teresa de Lauretis iterates the theoretical perils of defining gender; "[T]hat notion of gender as sexual difference and its derivative notions—women's culture, mothering, feminine writing, femininity, etc.—have now become a limitation, something of a liability to feminist thought" (de Lauretis, 1987: 1). While I dislike perpetuating generalizations that reinforce norms of gender division and realize that they can only serve as guidelines because their definitions are constantly in flux, I also recognize that our Canadian and western cultures are still somehow built and re-built on these assumptions. Said assumptions are based on sexual difference, but extend so far into the realm of culture, that I feel that they are useful here, so long as they are overtly declared to be generalizations. It is in Dr. Phil's play with these stereotypes that I sense hints of a breakdown—not one that I will ever see on the show, but hints are enough to keep me interested.

In *The History of Sexuality*, Michel Foucault highlights the power dynamic between speaker and listener in his definition of the confessional, and Mimi White cites this same passage in her essay on couples in advice and game shows (see White, 1992):

The confession is a ritual of discourse in which the speaking subject is also subject of the statement; it is also a ritual that unfolds within a power relationship, for one does not confess without the presence (or virtual presence) of a partner who is not simply the interlocutor but the authority who requires the confession, prescribes and appreciates it, and intervenes in order to judge, punish, forgive, console, and reconcile (Foucault, 1990: 61).

Dr. Phillip McGraw is in a position slightly different than the average syndicated talk show host because he is not only the *de facto* authority by being in control, but he brings with him a certain amount of professional psychological expertise. He is Foucault's confessor *par excellence*. I propose that the *Dr. Phil* talk show embodies a very particular dynamic of confessional discourse on television, one where the confession is overdetermined and overshadowed by the spectacle being put on by the host.

While in some ways Dr. Phil makes no efforts to sugar-coat the commercial nature of his endeavour, he must actively project the image of a concerned counsellor in order to give credence to the advice he doles out. He has to sell, but to succeed he must be sincere. Wendy Simonds' interpretation of women self-help readers' uses of self-help indicates that this is indeed a contradictory aspect of the culture where, "Persistent is the feeling that therapy commercialized, robs us of sincerity" (Simonds, 1992: 222). Yet we try to buy commercialized therapy all the time.

Where I would argue that Dr. Phil may be an exception to the average marketing machine, is that he is targeting women *and* men. At the very least, the marketing is targeting women and encouraging them to actively involve the men in their lives in the process. At times the show almost seems to challenge the feminine, therefore traditionally

private, 'nature' of emotions without getting extremely exploitive as is the norm with such shows. At other times, the show seems to build up clichéd gender roles such as the general notion that women deal best with feelings and emotions. But in the therapeutic discourse of the intimate public sphere, traditional gender roles are not clear cut, so assumptions about who should consume self-help or family help texts do not hold water as they did traditionally.

Mimi White argues that therapeutic discourse permeates all television, not just advice shows. In her discussion of prime-time fictional shows, she discusses slippages between the roles of therapist and patient: "The slippages in identification within the therapeutic problematic disrupt the possibility of fixing individuals with specific positions of power within the therapeutic dynamic once and for all, while it sustains the established positions and terms of the discourse of therapy" (White, 1992: 169). Dr. Phil is in an interesting position, precisely because of the unique format of his show, and its place in the culture. It is possible for him to capitalize on this flexibility. He can choose between being the masculine talk show host, the fatherly therapist, or on rarer occasions the empathetic feminine listener and observer. If, indeed, therapeutic discourse is so ubiquitous, its familiarity allows the advice show to take liberties that might otherwise be taboo—such as playing with the gendered roles related to knowledge of relationships and the modes of dispensing advice.

The second push and pull of tensions I have noted involves the persona that Dr. Phil cultivates: somewhere in between the Jerry Springer-esque exploiting entertainer and the empathetic therapist. For example, I expected a tall, white man from Texas to be a voice of typical U.S. right wing conservatism and possibly a voice of extreme racial

prejudice (for some reason, Texans are the victims of this general prejudice to the point that even I have absorbed it). His physical presence and appearance don't jive with my idea of the open-minded, approachable, neutral therapist.

Phil McGraw is both a hard-ass and a sensitive guy. While he is conservative in many ways, he surprises me now and then by throwing in a liberal opinion. Just when I expect he is about to go out of his way to give advice that is ideologically in line with conservative views, Dr. Phil throws in some really sensible, practical advice. It just sounds like the best basic advice that anybody could give anybody. Occasionally Dr. Phil comes out with a vaguely feminist rationale. It is true that these ideas may only be trotted out when they support the larger task of keeping a nuclear family together, of making a wife and mother feel appreciated or to lighten her workload. But at the end of the day, Dr. Phil seems to know his audience which consists mainly of women, including his wife Robin with whom he always walks off of the set at the show's conclusion. The show certainly reinforces conservative ideas of the family and focuses on problems from the perspective of the normal, white, middle class family. But this is done in such a way that the über-masculine host is able to play with typical gender roles in the quest to juggle the roles of therapist and entertainer.

The doctor's commitment to clarity in communication is often and openly articulated, bolstering his therapist image. For example, in the introduction to his book *Relationship Rescue*, Phil writes:

If your relationship is in trouble, big trouble or small, I'm going to tell you straight up how to fix it. I'm not going to try to be cute or glib, and I'm not going to hit you with a lot of clever buzzwords. [...] I'm going to give you the straightforward, no-nonsense answers that work—answers that have always worked, but have just been buried in a deluge of pop-psych nonsense (McGraw, 2000:1).

His down-to-earth sense of humour and dispensing of practical advice (he often gives his

guests “homework”), convince me that Phil is not always quoting textbook ideas but that he is, like a good parent or teacher, trying to provide practicable solutions and giving people tools they may use for themselves.

Dr. Phil’s show does use spectacle to pull in viewers, but when this occurs the host always seems to be in control. In other words, his guests rarely get the better of him or of each other by bursting into tears or yelling. It seems that emotional outbursts, so long as they are contained by Dr. Phil, only add to the show’s appeal. In this way guests are being exploited. But Phil usually manages to counter-balance this exploitation by showing that he read all of the guests’ background info and by offering up a reasonable solution, or by not antagonizing people in a style so confrontational that chairs start flying. If I, as a viewer, am going to buy Dr. Phil’s ideas as an authority, I want to believe that he pays attention to people’s problems, really listens, and is genuinely interested in helping. But I am also very aware that he is using the show to promote his self-help books and companion workbooks.

Make no mistake: Dr. Phil is not exactly a maverick in terms of the style of his self-help therapy or entertainment. Indeed, some argue that he is merely capitalizing on a convenient trend in psychology:

The rise of 52-year-old Phil coincides with the current popularity in Psychology circles of cognitive therapy, which, if I may brutally simplify it, identifies a problem and maps out a strategy that alters a patient’s way of thinking, achieving a specific goal as quickly and efficiently as possible. This method isn’t only a time- and money-saving favorite of our HMO era, it also lends itself to the sound-bite segmentation of an hour with commercials (Tucker, 2003:61).

On the one hand, McGraw’s commitments to entertaining and providing a platform for therapy on TV are not necessarily inspired by a desire to reinforce or break apart gender clichés, but are in line with current trends in both self-help and the larger community of

therapists and counsellors. He does, however, follow the trend in such a way as to reflect changing ideas of acceptable masculine and feminine behaviour.

This brings me to the third sphere of tension I have studied: the doctor's therapeutic principles which employ, a palatably populist combination of theory and experience. Dr. Phil carries off a unique marriage of experiential wisdom—stereotypically associated with feminine modes of communicating and sharing counsel (Simonds, 1992; Minh-Ha, 1989)—and theoretical knowledge in his brand of advice. He vehemently eschews clinical jargon (McGraw, 2001:1). He melds artificial and organic knowledge as they serve his purposes. These are relatively new twists in terms of professional men advising lay-women. Formerly, a slavish devotion to science has been the norm. Yes, Phil still trades on the fact, through examples and phrases that imply he has seen this before, that he has a PhD and he knows how to use it. This rhetorical strategy is key to this hybrid persona as “regular guy” and “expert.”

In the case of survivor discourses on talk shows, Alcoff and Gray point to the dichotomy between theory and experience: “Disclosing to another survivor works to undermine the assumption that a mediator must be neutral and objective and must derive her authority not from ‘personal experience’ but from ‘abstract knowledge’” (Alcoff and Gray, 1992: 280). Here again, I realize that telling Dr. Phil about your problems sticking to a budget is very different from voicing your experience of rape. But the comparison I want to make here is analogical. I get the feeling that Dr. Phil's advice could be, at times, the result of his personal experience. The talk show has been working toward the melding of professional and experiential expertise, and Dr. Phil makes this work for him in a way that Oprah cannot. Sometimes, he is regular fellow but other times he is an expert. His



approach to the advice show and the persona he projects come closer to drawing the lines between the subjective and the objective, rather than blurring them.

Dr. Phil serves as the measure for guests and for viewers. His normalcy is not overtly declared, but implied in his dress, personal history and expert credentials. At times Phil needs to be able to serve as the benchmark by which his guests' normalcy or sanity is measured. Wendy Simonds observes:

Such shows [like Oprah and Donahue] work well as advertisements for self-help books, not only by featuring 'experts' who write self-help books, but by creating an atmosphere where oddity can be celebrated and booed, where normalcy can be contested and affirmed (Simonds, 1992: 220).

Dr. Phil very successfully creates a space where we see normal and abnormal defined by him. Because his style is unique and self-professedly straightforward, he distils what seem like complicated family and personal problems into bits of simple advice. He serves as a character foil for his guests. Dr. Phil speaks normalcy and listens to oddities and aberrations.

The tensions between experience and theory, as well as those between speaking and listening or exploitation and therapy, all relate back to three sets of master tensions that embody Dr. Phil's brand of therapeutic discourse. His talk show exists where confessional discourse, self-help culture, and therapeutic discourse all intersect. This in itself is unique on daytime television.

#### **WHY SHOULD WE CARE?**

There is no denying that Phillip C. McGraw is a charismatic personality with the proverbial 'gift of gab' but he is also quite clever and copes in interesting ways with potential conflicts in his self-help practice in general and on his talk show specifically. It is his performance of these creative negotiations of tension, negotiations between his

narrative and the stories told by guests, that keep me interested and keep *me*, at least, watching. More generally, all of the preceding research has not been in vain if I have successfully argued that it is neither useful nor prudent for critics and academics to dismiss self-help culture as an analytical void.

Dr. Phil lacks subtlety in many ways. But he would be the first to acknowledge this (and has done as much in several articles including Peyser, 2002). I do not wish to claim that Dr. Phil is pushing the limits of family and gender roles, or challenging established norms of authority. What I respect is that he navigates expertly many treacherous waters, and that his position on daytime T.V. demands unique performances in order to appeal to contemporary audiences.

Phillip C. McGraw has earned a degree of respect because of his media savvy. Whose respect has he earned? That of the media, for one. Who, aside from industry insiders, better understand the artistry in McGraw's navigation of this treacherous system? He also seems to have the respect of his professional peers. Of course, he also has the respect of his viewers and fans (otherwise they could not be his viewers and fans). Naturally, there are people whose respect he does not have, naturally. What I have been trying to understand since I first heard of the doctor's show, is how these critical voices are not heard or are overruled by those who will not disrespect McGraw or what he does. I would not argue that he is held in exceptionally high esteem, but rather that he enjoys a modest amount of praise and censure and is encouraged to keep doing what he does. In all of its aspects, the show seems to be delicately balanced on inoffensive middle ground.

### **Dr. Phil's Brand of Therapy**

Throughout the preceding pages, part of my mandate has been to explore *how* Dr.

Phil has earned this esteem in North American culture. Most of it is due, in one way or another, to a clever and lucky negotiation of media conventions. In terms of the media, he has partially earned their respect through shrewd business and media practices. Take for instance the way he balances the image of the father and husband Phillip with the charismatic Doctor Phil. Or as discussed in Chapter 3, think of the show's delicate balance of entertaining and helping, and how that keeps it relevant, marketable and under the radar of wide criticism. He has earned the respect of practicing counsellors, or has avoided their censure, by endorsing counselling as a solution for everyday problems as well as by building a popular cultural empire on a foundation of charisma and professional credentials, as I argued in Chapter 3. Most importantly, he has the respect of a good number of viewers. Partly this must be attributed to Oprah's endorsement of his skills, but there are other techniques which have gained him popularity amongst the general public. He addresses a controlled amount of his viewers' realities by addressing common family problems, and by doing so via discourses that are familiar to most people in the U.S. and Canada, as discussed in Chapter 4. These discourses are blended together in new ways, and it is this element of the show that I, personally, find intriguing.

In following these tensions, along with Dr. Phil's own personal and professional confessions, and their interplay throughout his show the kind of therapy being offered makes sense. Dr. Phil is a trained clinical psychologist. He knows therapy. He is also the author of books that fall under the rubric of self-help or self-improvement. Meanwhile, the focus of his work with people, is on improving communication between family members or between self and close others. *Dr. Phil* is a resource for those who choose to be their own therapist, who need or wish to solve a problem with the help of an expert,

but only general help that involves hints and tips. Dr. Phil's brand of therapy is one that is built upon encouraging and teaching people to practice on themselves. It is therapy D.I.Y. style and Dr. Phil is trying to spread it as fast as the epidemics he is trying to impede.

Dr. Phil has managed to gain an impressive amount of popular success. As I have stated, I almost trust him myself. Part of the attraction I feel to the show is that Phil does display an array of emotions. He cracks jokes and is self-congratulatory—as when he goes through some particularly touchy subject with a couple then says “I hope y’all are payin’ attention, ‘cause I’m doin’ good work here!” [*sic.*]. These people are not asking Oprah how to improve their marriage or how to get themselves out of bankruptcy: they want Dr. Phil's advice. He succeeds in combining smart, basic advice with knowledge of clinical psychology that lets him draw the line when a problem is too complex for him to treat in a 15-minute segment. He does not seem clinical, cold or dispassionate.

He manages the tension between conflicting elements of the talk show genre, self-help, therapeutic discourse, and U.S. national morality. In performing these negotiations, is *Dr. Phil* turning therapy back into culture? If it can be argued that Dr. Phil is working in a medium where Oprah has dictated the parameters whereby all of culture can become therapeutic and has the power to heal (this is an understanding of therapy in the loosest sense), why should I argue that Dr. Phil is trying to perform a different operation? Dr. Phil is his own man, and although he is very much a part of the Oprah Winfrey media family, he likes to cultivate the image of the maverick sporting son. Through media savvy, Dr. Phil does have a strong enough voice in terms of the mass media and audiences, to adopt a project whereby he and his guests become storytellers, not only telling stories of experience, but the story of a brand of Do-It-Yourself therapy.

But *Dr. Phil* does more than tell stories. It exposes confessions wheedled out of people, who must admit that they are wrong because Dr. Phil has got their number. We cannot resent him too much, because he employs the techniques of a counsellor with a PhD and not of someone trying to provoke an emotional conflict or a fight. As Teresa de Lauretis has written in the citation in the first chapter of this thesis, the stories told on talk shows are not natural, but are to some degree shaped to fit the designs of those in charge of producing and packaging the story, although the number of voices in this process is many. But the Dr. Phil show, via the host's and the guest's performances, production techniques, etc., manages to lend an air of "reality," which gives the experiences shared on the show at least some relevance to viewers. Although *Dr. Phil* may not recount tales in a manner that Walter Benjamin would find artistic, there is an art to be admired in the show's narrative craft.

As these stories are transmitted, they become the interpreted property of everyone exposed. Take for instance, Ursula K. Le Guin's description of the communal ownership of a story:

[B]y remembering it he had made the story his; and insofar as I have remembered it, it is mine; and now, if you like it, it's yours. In the tale, in the telling, we are all one blood. Take the tale in your teeth, then, and bite till the blood runs, hoping it's not poison; and we will all come to the end together, and even to the beginning: living, as we do, in the middle (Le Guin, 1980: 199).

The stories transmitted on *Dr. Phil* are not primarily stories of guests, but are stories of Dr. Phil's amazing techniques to elicit the startling truth from people, when they weren't able to elicit it for themselves. But as Ursula Le Guin suggests in the above quote, once a story is shared, it also becomes community property. Dr. Phil is not the only outside party given permission to editorialize upon or adapt the stories shared by his show's guests.

They belong to every person who has heard them told and interpreted the stories for themselves. Witness all of the participants on show's Internet chat boards who post messages related to what they see on television. They take other people's stories in their teeth; with varying degrees of sympathy.

The show takes elements of people's lives, of a (perhaps) hopelessly "national" life, and uses the magic of common sense and psychology to show us culture, society, and everyday life through the lens of therapy. Perhaps part of the appeal of *Dr. Phil* and of narrative reality genres in general, is that they give us something to sink our teeth into. To use Ursula LeGuin's words: it offers the hope of an ending to hold onto while we are living in the middle.

## APPENDIX A: The McGraws In Print<sup>22</sup>

### BOOKS BY PHILLIP C. MCGRAW:

*Family First: Your Step by Step Plan for Creating a Phenomenal Family.* Free Press.

2004.

*The Ultimate Weight Solution: The 7 Keys to Weight Loss Freedom.* Free Press. 2003.

*The Ultimate Weight Solution Cook Book: Recipes for Weight Loss Freedom.* Free Press.

2004.

*Ultimate Weight Solution Food Guide.* Pocket Books. 2004.

*Self Matters: Creating Your Life from the Inside Out.* Simon & Schuster Source. 2001.

*The Self Matters Companion: Helping You Create Your Life from the Inside Out.* Free

Press. 2002.

*Life Strategies: Doing What Works, Doing What Matters.* Hyperion. 1999.

*Life Strategies Workbook: Exercises and Self-Tests to Help You Change Your Life.* Little

Brown. 2000.

*The Life Strategies Self Discovery Journal: Finding What Matters Most for You.* Little

Brown. 2001.

*Relationship Rescue: A Seven Step Strategy for Reconnecting with Your Partner.*

Hyperion. 2000.

*Relationship Rescue Workbook: Exercises and Self-Tests to Help You Reconnect with*

*Your Partner.* Little Brown. 2000.

*Dr. Phil Getting Real: Lessons in Life, Marriage and Family.* Audio recording of a live

workshop. Hayhouse. 2002.

### BOOKS BY JAY MCGRAW:

*Life Strategies for Teens.* Fireside. 2000. (Foreword by Phillip C. McGraw.)

*Life Strategies for Teens Workbook.* Fireside. 2001.

*Closing the Gap: A Strategy for Bringing Parents and Teens Together.* Simon &

Schuster. 2001.

*Daily Life Strategies for Teens.* Fireside. 2002.

*The Ultimate Weight Solution for Teens.* Simon & Schuster. 2003.

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<sup>22</sup> Source: [www.DrPhilstore.com](http://www.DrPhilstore.com), [www.chapters.indigo.ca](http://www.chapters.indigo.ca), [www.amazon.ca](http://www.amazon.ca).

## Appendix B:



Figure 1.

(Source: [http://www.drphil.com/show/show\\_archive.jhtml](http://www.drphil.com/show/show_archive.jhtml))



## Appendix C: Structural breakdown of a *Dr. Phil* episode

### "Sex Games"

0:00:00	Intro sequence of clips from the show about to be aired.
0:00:35	Show Intro with theme music, etc.
0:00:59	Dr. Phil walks on stage, addressing the audience introduces the episode's theme
0:02:00	Dr. Phil introduces the first guests
0:02:14	Roll introductory pre-taped video segment for first guests
0:03:22	Cut to view of stage with first guests, Dr. Phil begins interviewing his first guests
0:08:57	Cut to more pre-taped video of first guests
0:09:11	COMMERCIAL BREAK
0:11:44	Back on stage with the same guests and Phil
0:12:02	Cut to more pre-taped clips
0:12:15	Back on stage with guests and Phil
0:17:04	Preview of next guests through pre-taped video clips
0:17:24	COMMERCIAL BREAK
0:19:41	Dr. Phil introduces his second guests on stage (first guests are now sitting in front row of audience)
0:19:56	Roll introductory pre-taped video segment for second guests
0:21:20	Cut to view of stage, Dr. Phil begins interviewing his second guests
0:24:29	Cut to more pre-taped video of second guests
0:25:03	COMMERCIAL BREAK
0:27:08	Cut to more pre-taped clips
0:27:25	Back on stage with second guests and Phil
0:37:22	Preview of third guests through pre-taped video clips
0:37:38	COMMERCIAL BREAK
0:40:10	Dr. Phil introduces his third guests on stage (first and second guests are now seated in the audience)
0:40:30	Roll introductory pre-taped video segment for third guests
0:41:36	Cut to view of stage, Dr. Phil begins interviewing his third guests
0:43:39	Cut to more pre-taped video of third guests
0:43:50	COMMERCIAL BREAK
0:45:50	Preview clips of "tomorrow on <i>Dr. Phil</i> "
0:46:20	Back on stage with second guests and Phil
0:52:15	COMMERCIAL BREAK
0:54:33	Show promotion: How to be a member of <i>Dr. Phil</i> 's audience
0:54:44	Dr. Phil alone on-stage, addressing 3 sets of guests in the audience, wrapping up
0:55:30	Credits start rolling over the full-screen picture of Dr. Phil addressing his guests

0:55:48	1/3 of the vertical screen is taken to roll credits while Dr. Phil continues to address his guests
0:56:02	Dr. Phil walks off the stage, down the aisle to meet his wife and they continue to the studio exit

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